

2011/2012

LIFE SKILLS

ENHANCEMENT

PROGRAM

REGISTRATION FORM



**MISSISSAUGA ASSOCIATION FOR
INDEPENDENT LIVING**

***“Alone we can do so little;
together we can do so much”***

~Helen Keller~

DESCRIPTION: The focus of our Life Skills Enhancement (L.E.P.) program is to provide tools and encourage good habits so members can achieve independent living. The activities in the program include but are not limited to, meal preparation, recipe review, table setting, clean up, health and safety in the kitchen and in the home, meaningful social engagement with peers, meeting with important service people in the community, such as fire and police and increasing vocabulary through word games

ELIGIBILITY: To be Eligible for the L.E.P. you must be an active member of M.A.I.L. and should be able to participate in a group setting. Support workers are welcome in cases where the participant needs one on one supervision or assistance. **Acceptance to the program will be on a first come first serve basis.**

LOCATIONS:

Father Michael Goetz SS – Monday

Stephen Lewis SS – Monday

Father Michael Goetz - Thursday

DATES, TIMES & COSTS

L.E.P. Programs will run for 3 sessions on each of the evenings from 4:30pm – 7:30 pm (**Doors will not open until 4:30 pm** program ends at 7:30 pm- late pick ups or rides will be subject to an additional charge)

Fall Session: Sep 19 - Dec 16 (13 weeks)

Winter Session: Jan 9 – March 9 (9 weeks)

Spring Session: March 18 – May 31 (11 weeks)

COST: \$5.00/class

Fall Session

Winter Session

Spring Session

Mon: 13 wks (12 classes) 12 x \$5 = \$60	9 wks (8 classes) 8 x \$5= \$40	11 wks (9 classes) TBA
Thurs: 13 wks (13 classes) 13 x \$5=\$ 65	9 wks (9 classes) 9 x \$5= \$45	11 wks (11 classes) TBA

METHOD OF PAYMENT:

Sessions **MUST BE PAID IN FULL** by the beginning of each session.

- Can be paid in one payment
- Series of postdated cheques
- CLM funding (please complete authorization on back)

NOTE: Spring Session fees will be adjusted based on any cancellations from Winter and Fall sessions- We will announce the fees prior to Spring Session starting

***PLEASE DETACH AND RETURN TO ELENA VERTOLLI
AT 1600 HERMANT COURT, MISSISSAUGA, ON L5H 3T2**

NAME_____

ADDRESS_____ **Phone No.** _____

PROGRAM DETAILS

	Fall Session	Winter Session	Spring Session
Mon:			
Father Goetz	_____ \$60	_____ \$40	_____ \$TBA
Mon:			
Stephen Lewis:	_____ \$60	_____ \$40	_____ \$TBA
Thurs:			
Father Goetz	_____ \$65	_____ \$45	_____ \$TBA

PAYMENT METHOD

___ **Full payment by cheque**

___ **Postdated cheques**

___ **Funding through CLM**

AUTHORIZATION TO RELEASE FUNDS FROM
COMMUNITY LIVING MISSISSAUGA

Please complete only if you are paying through CLM

NOTE: You must provide CLM invoice pages to us.

I _____ authorize Community
Living to release funds totaling _____ to
Mississauga Association for Independent Living to cover the
cost of Life Skills Enhancement Program for
_____ (participant)

Dated _____

Signed _____