

Colleen's Summer Place

Honors the memory of Colleen Barry who loved to attend this program, and to her family who raised funds through the annual **Barry-Bike-a-thon** to make this program possible for many youngsters.

Scholarships Available

Thanks to the generous support of:

Campership of Monmouth County Herb's Gift

(Chancy Memorial Foundation)

Contact Sue Levine, SW for details
at 732-747-5310

Our thanks for their tireless efforts!

FRA is a private, non-profit agency that relies heavily on community support. Donations are welcome and appreciated.

FRA

35 Haddon Avenue
Shrewsbury, NJ 07702



For more information about FRA and the *TECHConnection*, visit our web sites at:

www.frainc.org
and

www.techconnection.org

For more information about our Summer Program, call Joanne Castellano at the *TECHConnection* 732-747-5310, ext. 14

Family Resource Associates, Inc.
35 Haddon Avenue
Shrewsbury, NJ 07702

A unique blend of
summer fun
and learning at



Join us for any two weeks—
up to eight weeks!

June 28 2010
through
August 19, 2010

**4 Days:
Monday through Thursday
10AM–3PM**



Colleen's Summer Place **LEAP** *Learning Enrichment Activities Program*

Partial funding by
Chancy Memorial Foundation

LEAP: An inclusive program open to students who can benefit from a learning environment with others having various types of disabilities, as well as typically developing students included as peer role models and volunteers. The program's goal is to maintain or increase academic and real life skills through functional activities.

ENROLLMENT: Open to those 13 years through young adult. Students will be clustered according to age/ability and have the option of attending any two weeks, or up to all eight weeks to take advantage of the many unique opportunities offered.

STAFFING: LEAP is staffed with special educators, a speech pathologist, a computer specialist, and many support staff to provide a high quality experience for all students! Teen volunteers help to insure everyone is included to their fullest ability and provide many opportunities for fun!

COST:

10AM-3PM

2 weeks: \$700.
4 weeks: \$1,400.
6 weeks \$2,100.
8 weeks \$2,800.

Be sure to check with your school or local DDD office for funding for this program.

We also accept Real Life Choice Funding.

Volunteers Needed
Please call FRA
at 732-747-5310

ACTIVITIES



Life Skills—Independence is the focus! Food preparation—menus, shopping, buying (money skills) and cooking included. Learn hobbies like scrap booking, making greeting cards and calendars.

Daily Computer Sessions—Designed to enrich language, reading, writing, math, and money skills. Academic computer software is used as well as the internet to encourage learning and creativity.



Exercise—Enjoy weekly yoga, dancing and Wii activities to encourage rhythm, balance, movement and to keep fit.

Drama—Enhance language and speaking skills through activities of everyday skills and imagination.



Gardening & Bocce Ball—will take place in our newly renovated back yard.

Emphasis on speech, language and social communication in all activities.

Lunch is included

Registration Form

Please send completed registration form, along with your check, made out to
FRA, 35 Haddon Ave., Shrewsbury, NJ 07702

Indicate which weeks attending:
Partial weeks considered

- | | |
|--|--|
| <input type="checkbox"/> 6/28/10—7/01/10 | <input type="checkbox"/> 7/26/10—7/29/10 |
| <input type="checkbox"/> 7/05/10—7/08/10 | <input type="checkbox"/> 8/02/10—8/05/10 |
| <input type="checkbox"/> 7/12/10—7/15/10 | <input type="checkbox"/> 8/09/10—8/12/10 |
| <input type="checkbox"/> 7/19/10—7/22/10 | <input type="checkbox"/> 8/16/09—8/19/10 |

A \$100.00 Deposit is required by May 5, 2010.
NO EXCEPTIONS!
(This deposit will be refunded if registration fee is paid by a third party.)

Refunds for Cancellations given until 5/26/10.
75% refund until 6/09/10.
No refund after 6/10/10.

- Check Enclosed:** \$ _____
- I expect DDD to pay** \$ _____
- Name and Phone Number of contact at DDD:

- _____
- I expect the following School District to pay:**

Name and Phone Number of contact at School:

Student's Name: _____

Age: _____ DOB _____

Parent(s) Name: _____

Address: _____

Telephone Number: _____

E Mail Address: _____

Concerns we need to be aware of for this program:

Diagnosis: _____