



Free  
Saturday Support Services  
offered by



## Life Outside of School is Not IEP Based

Whether your child is 10, 18, or 22, verbal or nonverbal, or high or low functioning, our children need specific skills to promote independence and satisfaction.

Join us for a FREE workshop where you will learn about the vital skills needed to:

- ✓ Have relationships of various types (family, friends, workforce)
- ✓ Live as independently as possible
- ✓ Become a productive member of their community

Date: Saturday, March 31<sup>st</sup>

Time: 10:00-12:00 (check-in at 9:45)

Location: Including Kids, Inc.

5364 FM 1960 East

Humble, TX 77346

Please visit [www.includingkids.org](http://www.includingkids.org) or contact Community Outreach at [outreach@includingkids.org](mailto:outreach@includingkids.org) or 281-852-0501 to register. The deadline to register is March 23<sup>rd</sup>.

Childcare, play groups, and a sibling support group are provided FREE during the workshop. Please see registration form for details.

There is limited space so RSVP early!

# Including Kids Saturday Support Services

## Registration Form

Workshop: \_\_\_\_\_ Date: \_\_\_\_\_



Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Position (teacher, parent, other): \_\_\_\_\_ Affiliation with InKids: Full-Time Part-Time  
SSS only None Other: \_\_\_\_\_

Would you like to be added to our mailing list to receive information about upcoming workshops or other InKids events? (please circle) Y N

How did you find out about InKids' Saturday Support Services? (please circle)

Email Flyer Mail E-Newsletter Newspaper Family/Friend

Website: \_\_\_\_\_ Listserv: \_\_\_\_\_ Other: \_\_\_\_\_

**Workshop (adult sessions):** This workshop series is intended for anyone who comes into contact with people diagnosed on the autism spectrum or with other related developmental disorders (parents, family members, teachers, professional workers, etc.). The workshops will cover basic applied behavior analysis concepts and how to apply the strategies to real-life scenarios in the home, school, and community settings.

**# of people attending:** \_\_\_\_\_ **Fee for no show/ no 24 hr. cancellation: \$20**

**Childcare:** This session is for children ages 2-4 years old with & without special needs. Parent participation in the workshop is required. **Please email outreach@includingkids.org if your child engages in aggressive behavior to discuss accommodations.**

**# of children attending:** \_\_\_\_\_ **Fee for no show/ no 24 hr. cancellation: \$20**

**Names and Ages:** \_\_\_\_\_

**Play Club:** This session is designed for children 5-years-old and up with special needs, as well as 5-6 year old siblings. The goal is to address common challenges such as turn taking, sharing, requesting items/activities, etc. Parent participation in the workshop is required. **Please email outreach@includingkids.org if your child engages in aggressive behavior to discuss accommodations.**

**# of children attending:** \_\_\_\_\_ **Fee for no show/ no 24 hr. cancellation: \$20**

**Names and Ages:** \_\_\_\_\_

**Sib Club:** This session is for children ages 7-15 years old that have a sibling with special needs. The purpose is to have a safe and positive place for siblings to share their experiences and receive guidance on how to handle situations involving their sibling. Children may still participate in this group if their parents are not attending the workshop. Monthly attendance is encouraged to maximize the benefits and connections with peers.

**# of children attending:** \_\_\_\_\_ **Fee for no show/ no 24 hr. cancellation: \$20**

**Names and Ages:** \_\_\_\_\_

**SEND FORM TO: Including Kids, Inc. c/o Workshop Registration  
5364 FM 1960 East, Humble, TX 77346**

**ATTENTION:** Please note that there is no longer a deposit required. However, there will be one \$20 penalty fee (to cover costs) per registered person who does not attend or cancel within 24 hours. An invoice will be mailed to the registered address. To prevent being charged this fee, please cancel attendance before 10 am on the Friday before by either email or telephone message.

**Community Outreach – Saturday Support Services  
Child Health Record**

*In order to best serve your child, please complete the following information and return along with your workshop registration form. All information will be kept confidential. Any information shared in this form will not keep your child from attending one of our groups. It will only help to ensure we have adequate staff and can meet your child's individual needs. If you have questions regarding this form, please contact Kelley M. Williams, Psy.D. at [outreach@includingkids.org](mailto:outreach@includingkids.org).*

Child's Name: \_\_\_\_\_

Gender: M or F

DOB: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_

Parent/Guardian Phone Number: \_\_\_\_\_

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Emergency Contact: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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List any recent illness: \_\_\_\_\_

List any chronic illness/conditions: \_\_\_\_\_

List any allergies to the following: Medication: \_\_\_\_\_ Food: \_\_\_\_\_ Plants: \_\_\_\_\_

Insects: \_\_\_\_\_ Other: \_\_\_\_\_

If any allergies, please describe any reactions: \_\_\_\_\_

Any medication that the child is taking at home: \_\_\_\_\_

If your child has been hospitalized in the past 12 months, please describe/explain: \_\_\_\_\_

Is your child toilet trained? Y or N (please circle)

Does your child exhibit any aggressive or self-injurious behaviors? If so, please describe: \_\_\_\_\_

Any other health information that you would like to share: \_\_\_\_\_