Cornell Cooperative Extension

Cooperative Extension Center

480 North Main St. Canandaigua, NY 14424

Ontario County

480 N. Main Street Canandaigua, NY 14424

585-394-3977

E-mail: ontario@cornell.edu www.cceontario.org

PARENTING SKILLS WORKSHOP SERIES #94

March through May 2019 - For families with children of all ages including TEENS

Parenting is hard work. There are some basic skills you can learn that will make it easier. During this eight week program you can learn five (5) skills that will help you deal more effectively with challenging parent-teen/child situations. ENCOURAGEMENT, CAN-DO, CHOICES, SELF CONTROL AND RESPECTING FEELINGS, will be taught by trained facilitators. Active participation and practice in class and at home are expected. Refreshments will be provided and door prizes will be given each evening. Child care will be available for children 6 months up to age 12. Youth 13 and older will meet with a separate facilitator for small group discussion. A limited number of gas vouchers are available; however, you must check the box on the back of this form by the deadline date to be eligible. Gas vouchers are available on a first come basis. Please indicate bus tokens/child care needs on the registration form.

This program is free and offered to Ontario County parents working with the Department of Social Services, on a first-come, first-serve basis. Other Ontario County resident registrations accepted if space permits and is also free of charge.

of charge.	7		The second secon
Note: Parents <u>must</u> attend s	six of the first	seven sessions to receive a Co	ertificate of Completion.
WHEN:	Tues	sday Eveningsfrom 6:30 - 8	:30 p.m. (with break)
		ch 12, 19, 26, April 2, 9, 16, ai	nd 23
RECOGNITION AND DINNER WHERE:	-	l 30 th Dooley Center for Early Le	earning, (From North Street in fron
WILLIAM.	-	5	on Street, then onto Bell Avenue)
		eva, NY 14456	,
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			OP #94 – March through May, 2019
PLEASE PRINT CLEARLY	'AS INFORMA'	TION DUPLICATED ON CERTIFI	ICATES ISSUED AT END OF SESSION
Names of Person(s) Attendi	ng Workshop	o:	
Street Address:			Apt. #
Town/City:	Zip:	Phone: (Day)	Eve.)
Or Messages at:	(Cell #: Email	address:
Agency Referring You:			
			ker's Phone #:
Case Worker's Email Addr	ess:		
Return registration form to		XX.	
PSWS		Must be postmarked by	ng Skills Workshop Series #94 y March 5, 2019.
(Parenting Skills Workshop	Series)	,	•

Thank you.

Late registration accepted only if we can accommodate.

BRING ALL BABY SUPPLIES NEEDED DURING MEETING TIME – Diapers, bottles, etc. and especially a change of clothes.

Please notify us of any phone, address, or transportation changes and attendance cancellations to Cornell Cooperative Extension, 585-394-3977 Ext. 429 or Ext. 401. Weather related cancellation messages can be accessed at Ext. 429.

Emergency phone number for hospital is 315-787-4070 (security) or 911.

Sincerely,

Amy Morrisey

Program Coordinator

Directions to Workshop Site:

From North Street in front of the hospital, turn onto Mason Street. Drive to end and turn left onto Bell Avenue. You should see the Child Care Center with playground on the side of the building.

Please keep the top part of this flyer for your reference.

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LEASE LIST NAMES	OF TEENS WHO W	ILL BE ATTENDING:	
<u>ame</u>	Age	<u>Name</u>	Age
			
YES, I will need child	care for:		
<u>me</u>	<u>Age</u>	<u>Name</u>	Age
			<u> </u>
ease list ANY SPECIA	L NEEDS OF YOUR	CHILDREN ATTENDING W	ve should be aware of:
	ETTELDS OF TOOK		
		6 H I WINOTH	••
	ir other children in th	ie family who will NOT be atte	ending:
ames and ages of my/or	ar omer emiaren mi u		_