



Sonya Ansari
CENTER FOR AUTISM



2505 East Jefferson Blvd. South Bend, IN 46615

2010 Winter Wonderland Recreation Programs

Activities ranging from game night, Tae Kwon Do to swimming. There is something for everyone! Please review the great events that we have to offer and sign up for them today!

Registering is as easy as making snow angels!!!

Return the Participant Registration form and the event payment to:

LOGAN Center
Attention: Julie Cagle
Post Office Box 1049
South Bend, IN 46624



Please Contact:

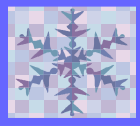
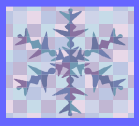
Julie Cagle, Autism Program Development Specialist:
LOGAN Center—574.289.4831, ext. 1040 or via
E-mail: jcagle@logancenter.org
with suggestions and/or questions



REMEMBER!

In order for your son or daughter to participate in programs, there **MUST** be an Annual Participant Information form and signed waiver on file.

If you are unsure as to whether or not you have current paperwork in our program file, please contact Julie Cagle.



Swim Lessons

Suggested Ages: 6 - 13

Dates: 3/1–4/19

(no class 4/5)



Times: 5:00–5:30 PM—beginner

5:45–6:15 PM—beginner

6:30–7:00 PM—intermediate

The once a week lessons will assist in learning the life saving skills of swimming. Skill groups will be formed after initial assessments.

Limit of swimmers: 4 per lesson time

Cost: \$70 per 7 week session

Registration Deadline: February 19

Location: Waterford Lodge:

52890 SR 933 North, South Bend

Contact: Julie Cagle

Tae Kwon Do

STARTING FEBRUARY

ALL AGES

Beginners: Fridays

Time: 4:00 – 4:30 PM



Intermediate: Fridays

Time: 4:30 – 5:00 PM

Looking for an activity where that will improve balance, flexibility, concentration, coordination, and confidence? Well, look no further. This art will help the child excel in a non-violent, safe and friendly environment.

Cost: \$50/ month—sign up per month

Registration Deadline: the 25th of the month before start

Location: Legacy Martial Arts, 52565 SR 933 N

Contact: Julie Cagle

Little Picassos

Session 1: Suggested Ages: 3 – 6

Mondays, 2/1 through 2/22

Session 2: Suggested Ages: 7 - 12

Mondays, 3/1 through 3/22

Time for both sessions: 4:00 – 4:45 PM

Calling all artists! LOGAN is looking for girls and boys who enjoy being creative, drawing, and painting! Each week the group will work on different projects for them to take home and enjoy. The artists will be working on exploring various art mediums.

Cost: \$30

Registration Deadline: Friday, January 29

Location: South Bend Museum of Art

Contact: Julie Cagle



New in the Kitchen

Suggested Ages: 7-12

Dates: 2nd and 4th Tuesdays

(2/9, 2/23, 3/9 and 3/23)

Times: 5:30 – 6:30 PM

This basic cooking class will teach your child about skills such as measuring, kitchen safety, and a lot more! The group will create simple recipes to taste and enjoy while learning about the kitchen. At the end of each class, the chefs will receive a copy of the recipes to share with the family.

Limit: 6

Cost: \$20

Registration Deadline: January 29

Location: LOGAN Center Kitchen

Contact: Julie Cagle



Family Events

Playing Around and Having Fun

Ages:(3 – 6 yrs.)

Time: 6:00 –7:00 PM, 3/30

Come have fun with us at the Play room and playground at Building Blocks. We will teach you some great activities and you will learn how fun it is to play as a family! **Cost:** \$5/family

Contact: Julie Cagle

Date Night

Times: 6:00–9:00 PM, 2/20 and 3/20

Go out for dinner or run some errands while your children (including siblings) are having fun with staff and volunteers at LOGAN Center. RSVP one week in advance. **Cost:** \$5 for first child/\$4 for each additional child, not to exceed \$25/family

Contact: Julie Cagle

Theatre Troupe

Suggested Ages: 13-18

Dates: Wednesdays 2/3– 3/24

Special performance 3/27

Times: 4:00 – 5:30 PM

The Acting Troupe is for the aspiring actor . They will work on memorizing lines and perfecting their craft.

No experience necessary. This is a great way to improve self-expression, communication, confidence, and an outlet for their creativity! Each week they will learn how to feel comfortable with lines, learn skits, and try various roles. The Troupe will be assisted by the “Behind the Scenes Group” (below) to produce their final performance.

Limit:8

Cost: \$65

Registration Deadline: January 29

Location: LOGAN Center—Community Connections room. Final performance will be held at a local theater, TBA, for three showings—3/24, and 3/27 Matinee and Evening

Contact: Julie Cagle



Behind the Scenes

Suggested Ages: 13-18

Dates: Wednesdays 2/3– 3/24

Special performance 3/27

Times: 4:00 – 5:30 PM

The Behind the Scenes group is for the budding artist to study different areas of the performing arts, assist with set and costume design for the final performance. The group will come together with the “Theatre Troupe” to produce the final performance.

Limit:8

Cost: \$65

Registration Deadline: January 29

Location: LOGAN Center—Community Connections room. Final performance will be held at a local theater, TBA, for three showings—3/24, and 3/27 Matinee and Evening

Contact: Julie Cagle

Exercise Connection Program Workshop

Date:1/309

Time: 9:00AM–12 noon

This is a great opportunity to involve the **whole family** in exercise. The workshop will feature David Geslak, who has founded **The Exercise Connection**. The model that he utilizes, assists any child with a special need with improvement of their health level and quality of life. The program uses exercise tools that are inexpensive and even some items that can be found around the house. The first part of the workshop will be an information session to discuss the need for exercise and how this model will aid the child in their goals of increased balance, coordination, listening, and ability to follow directions. The second part of the session will be where the family will learn how to put the exercises discussed into action. Interested? Find out more about the program through David’s website www.ECautism.com or check out The Exercise Connection DVD in our Resource Library.

We are implementing these practices into an exercise program that is offered in the Winter schedule (see below).

This program is partially funded through the Michiana Down Syndrome Family Support and Advocacy Group.

Location: Clay Church, 52866 Ironwood

Cost: \$10/family

Contact: Julie Cagle

Get Fit with the Exercise Connection!

Suggested Ages: 7-12 (children with all special needs)

Dates: Wednesdays

2/10 through 4/28 (no class on 4/7)

Times: 5:30 – 6:30 PM

Get fit with great exercises and healthy thinking, utilizing the Exercise Connection model. This class will practice the different techniques taught at the Workshop and discuss healthy living topics. Each participant will receive a pre-program and post-program assessment, along with an Exercise and Healthy Living Manual, to measure their success in their journey to a healthier lifestyle!

Call Julie Cagle to PRE-REGISTER by January 29.

Please DO NOT send in any form of payment for this program until your registration is verified.

Creative Chefs

Suggested Ages: 13 – 18

Dates: 1st and 3rd Mondays
(2/1, 2/15, 3/1, and 3/15)

Times: 5:30 – 7:00 PM



The creative chef will learn how to amaze the family and friends with appetizers and entrees that they can make at home! Each week the chefs will learn how to understand recipes, measure the proper ingredients, and entertain while having fun with friends. The group will taste and enjoy everything that is prepared; please only eat a light dinner or snack before class.

Cost: \$20

Registration Deadline: January 29—limit for chefs: 8

Location: LOGAN Center Kitchen

Contact: Lynn Sayre at 289-4831 ext. 1316 or

lsayre@logancenter.org

Teen Time

Suggested Ages: 14 - 18

Times: 6:30 – 8:15 PM

Dates: Fridays

1/8: Games Night at LOGAN Center

1/22: Games Night at LOGAN Center

2/5: Games Night at LOGAN Center

2/19: Mega Play

3/5: Games Night at LOGAN Center

3/18: Nose On Concert to watch Flame, the Band
@ the Century Center, 120 E. South St. South Bend

Cost: \$7 per event and a snack at the game nights,
unless otherwise notified. Pay at the door, entrance by
advance registration only.

Registration Deadline: 2 days prior to the activity

Location: LOGAN Center

Contact: Julie Cagle



Gals Get Together

Suggested Ages: 13 - 18

Dates: 2nd and 4th Mondays
(1/ 11, 1/24, 2/8 , 2/22, 3/8, and 3/22)

Times: 6:45 – 8:00 PM

Back by popular demand, the girls are getting together for lots of fun activities and great time with friends!

Cost: \$2 per week unless otherwise noted. Pay at the door, entrance by advance registration only.

Registration Deadline: 2 days prior to each activity

Location: LOGAN Center or community sites

Contact: Lynn Sayre at 289-4831 ext. 1316 or

lsayre@logancenter.org

Social Connections Club

Suggested Ages: 19 through adult

Times: 6:30 – 8:15 PM

Dates: Fridays

1/8: Games Night at LOGAN Center

1/29: Community Outing

2/5: Games Night at LOGAN Center

2/26: Community Outing

3/5: Games Night at LOGAN Center

3/18: Nose On Concert to watch Flame, the Band at
Century Center, 120 E. South St. South Bend

Through these events, the participants will meet twice a month—the first meeting is to plan the next activity and have social time. The second meeting will be at the planned location for a community outing. During the LOGAN Center time, the adults will meet in the downstairs Community Connections room.

Cost: \$7 per event and a snack at the game nights,
unless otherwise notified. Pay at the door, entrance by
advance registration only.

Registration Deadline: 2 days prior to the activity

Contact: Julie Cagle

SPECIAL THANKS to all of our supporters and sponsors:

*Clay Church * Crown Trophy * Exercise Connection * Legacy Martial Arts *

*Michiana Down Syndrome Family Support and Advocacy Group *

*South Bend Museum of Art * Special Friends * St. Joseph County Parks * Waterford Lodge *

Sonya Ansari CENTER FOR AUTISM

2505 E. Jefferson Blvd. South Bend, IN 46615



(574) 289-4831 www.ansaricenterforautism.org

ANNUAL PARTICIPANT INFORMATION FORM

PARTICIPANT INFORMATION:

DATE: _____
(Update 1 year from the above date)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Date of Birth: _____
Primary Diagnosis: _____ Secondary Diagnosis: _____
Mailing List: Yes No Sex: Male Female
Email address: _____

How does your child communicate? _____
 Highly Verbal Limited Speech Non-Verbal

Other imperative information to better serve your child: (attach sheet if necessary)

PARENT, LEGAL GUARDIAN, OR AGENCY INFORMATION:

(First contact in event of an emergency, behavior, or if ride is needed)

Name: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email address: _____

EMERGENCY CONTACTS:

(Someone other than parents or guardians)

1. Name: _____
Emergency Phone Numbers: _____
Relationship to Participant: _____
2. Name: _____
Emergency Phone Numbers: _____
Relationship to Participants: _____

EMERGENCY INFORMATION:

(Autism Center staff does not administer medications; please give information an EMT may need to know in the event of an emergency).

Medications: Yes No Times Given: _____

If yes, please list all medications (or include med sheet) _____

Seizures: Yes No

If yes, please specify & contact Julie Cagle for a Seizure Action Plan Form.

Dietary Restrictions: Yes No Allergies: Yes No

If yes, please specify: _____

OTHER INFORMATION:

Does your child have special needs in the areas of eating, toileting, and/or dressing? Please explain and attach sheets as needed.

Does you child have problems with behavior management; need a one-on-one assistant, etc.? Please describe and attach any current behavior management being used.

Hospital of Preference: _____

LOGAN RELEASE FORM

(These releases will expire 24 months from the signed date below).

Participant's Name: _____

I, the undersigned, acknowledges that the recreation programs provided by LOGAN may or may not be appropriate for the individual that is served. There will be every attempt made to accommodate the individual in the program. However, the LOGAN Center staff will assess the individual for his/her ability to participate in the activity and if that individual exhibits inability to appropriately participate, then it will be the LOGAN staff's decision to ask the participant to discontinue his/her participation in the program. The LOGAN staff will then assist the individual to discover an appropriate recreation program that he/she could successfully participate in.

I, the undersigned, authorize medical personnel to provide treatment for the above individual in the case of injury or illness occurring during a LOGAN Recreation sponsored program or activity. It is my understanding that I (or my contact person) will be notified as soon as possible in the event of an injury or illness.

I, the undersigned, will not hold LOGAN, LOGAN staff, or anyone volunteering for LOGAN, responsible in case of injury or accident related to activities provided for the above named individual as part of a program and/or service provided by LOGAN Recreation Services.

Name: _____ Date: _____

(Signature of emancipated adult, parent, guardian, or agency official)

I, DO ____ or DO NOT ____, give my consent to LOGAN to photograph/video my child and to use such photographs/video in connection with promoting/advertising the services that LOGAN provides.

Name: _____ Date: _____

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(574) 289-4831 www.ansaricenterforautism.org

PROGRAM REGISTRATION FORM

PARTICIPANT INFORMATION:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Age: _____ Grade: _____

M or F : _____

Telephone Number: _____ Cell or Work Number: _____

Email Address: _____

Diagnosis: ___Autism Spectrum Disorder ___Asperger's
 ___PDD-NOS ___Other: _____

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Cell or Work Number: _____

MEDICAL INFORMATION:

List meds, special needs/concerns? _____

ACTIVITY ENROLLMENT: Please check all activities you would like your child or family to be registered for. Space is limited; you will be called if your child/family is on a waiting list. All fees reflect the entire number of sessions included, unless otherwise stated as a per week fee.

WINTER FUN

- | | | |
|---|--|--|
| <input type="checkbox"/> Creative Chefs \$20.00 | <input type="checkbox"/> Gals Get Together \$2.00/week | <input type="checkbox"/> Little Picassos—\$30.00/session |
| <input type="checkbox"/> Exercise Connection Pre-registration | <input type="checkbox"/> New to the Kitchen—\$20.00 | <input type="checkbox"/> Tae Kwon Do—\$50.00/month |
| <input type="checkbox"/> Swimming - \$70.00 | <input type="checkbox"/> Theatre Troupe—\$65.00 | |
| <input type="checkbox"/> Teen Time \$7.00/week | <input type="checkbox"/> Social Connections Club \$7.00/week | |

FAMILY HAPPENINGS

- | | |
|--|---|
| <input type="checkbox"/> Play Around \$5.00/family | <input type="checkbox"/> The Exercise Connection Workshop— \$10.00/family |
| <input type="checkbox"/> Parents Date Night— \$5/child, \$4/ other child—specify dates on form | |

Total Fee Included: \$ _____ - Checks can be made out to Logan Center

**Please mail Participant Information form, Registration form and payment to:
Logan Center, attn: Julie Cagle, P.O. Box 1049, South Bend, IN. 46624**

NON PROFIT ORG.
U.S. POSTAGE PAID
SOUTH BEND, IN
PERMIT NO. 298

P.O. Box 1049
South Bend, Indiana 46624
574.289.4831
www.regionalaautismcenter.org



Sonya Ansari
CENTER FOR AUTISM



Want to go Green?

Please contact Jessica Clark, Administrative Assistant,

jclark@logancenter.org or 574-289-4831 ext. 1317

to receive an e-mail version next session!

Or check it out on the web at www.ansaricenterforautism.org