



Strengthening Families

Where: Mt. Vernon Junior High
When: Tuesday evenings beginning March 1, 2011
Time: 5:30 FREE Dinner, 6:00–8:00 Program
What: FREE nine-week program for youth (ages 10-14) and their families.

Who can benefit from Strengthening Families?

Strengthening Families is a FREE program designed for EVERY family! Many people assume this is for families with "problems" or by coming they will be labeled as a "bad parent." Strengthening Families is all about taking good families and making them better.

In today's society raising children can be difficult and finding quality time to spend as a family is challenging. Strengthening Families gives you the opportunity to share your parenting successes and struggles with other parents who may be experiencing the same thing. You will also be given new tools and strategies to take home and try. Simply by attending you are guaranteed quality family time.

Each Session Includes

- FREE Family Dinner
- Door Prizes
- Transportation, if needed
- Daycare for Siblings
- Homework Club for Siblings
- Awesome Final Incentive for Program Completion

To register or for more information about the program call Denise Schultz 421-8336, Ext.8 or dschultz@youthfirstinc.org

Strengthening Families Program is Sponsored By: Youth First, Inc. and the Southwest Indiana Schools and Community Collaborative (SISCC). The SISCC is made possible by a grant through the Federal Safe Schools/Healthy Students Initiative.

Visit us at www.sshs-siscc.org

SISCC

Southwest Indiana Schools and Community Collaborative

Strengthening Families 10-14 Registration

Program Starts: *March 1, 2011*

Location: *Mt. Vernon Middle School*

Time: *5:30 pm*

Parent/Guardian/Caregiver Name:

- 1.
- 2.

Parent/Guardian/Caregiver who will attend the program:

- 1.
- 2.
- 3.

Children 10-14 who will attend:

- | | | | |
|----|-------|-----|-------|
| 1. | _____ | Age | _____ |
| 2. | _____ | Age | _____ |
| 3. | _____ | Age | _____ |

Brothers & Sisters:

_____	School:	_____	Age:	_____
_____	School:	_____	Age:	_____
_____	School:	_____	Age:	_____

Address: _____

Phone number: _____

Email address: _____

Does anyone in your family have food allergies? If so, please list

Do you need transportation? Yes No

Do you need childcare services (school aged children only)? Yes No

How many children will you have in childcare? _____

My family is currently working with the Division of Children Services. _____