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**South Norfolk County Arc  
Family Support and Family Autism Center News  
January/February 2012**

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**Spring 2012 FAC & Family Support  
Bowling League  
Ages 15–28 years old**



Norwood Sports Center  
Norwood, MA  
Mondays, March 5th, 2012 – May 21st, 2012  
\$150.00 per person for 12 wks.

SNCARC/FAC's bowling league is a fun way to meet new & old friends. Pizza party & trophies will be awarded on the last night. Nancy Borr and Pat Fales will facilitate the group. Shirts will be given to participants so please make sure you mark your size on the registration slip. This year, we will be offering two time slots for bowling. Please indicate your preferred time slot on the registration slip. We will do our best to accommodate your preference but cannot guarantee your first choice. The time slots we are offering are 4:00 p.m. – 6:00 p.m. and 6:30 p.m. – 8:30 p.m.

Interested participants should fill out the enclosed registration slip and send it to: SNCARC, 789 Clapboardtree Street, Westwood, MA 02090, Attn: Nancy Borr. Checks should be made out to "SNCARC" with "FAC/FS bowling" in the memo.

For more information, please contact Nancy Borr at 781-762-4001 Ext. 412 or [nborr@sncarc.org](mailto:nborr@sncarc.org)

**Deadline: February 27th  
Space is limited to 12 participants**

**South Norfolk County Arc Permission Slip to Participate**  
**Name of Group: BOWLING Session/Date: SPRING 2012**

**PARTICIPANT INFORMATION:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**Time Preference:** \_\_\_\_\_ **4:00 p.m. – 6:00 p.m.** \_\_\_\_\_ **6:30 p.m. – 8:30 p.m.**

**Shirt Size (please circle)**    **S**                      **M**                      **L**                      **XL**

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Problems \_\_\_\_\_  
Allergies (if yes, please list) \_\_\_\_\_

Food Allergies \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Insurance ID \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

I/We, the undersigned mother, father, or guardian of \_\_\_\_\_, give my/our approval for his/her participation in **BOWLING** sponsored by SNCARC Family Support and The Family Autism Center. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless SNCARC, their directors, instructors, and volunteers from any claim arising out of injury to him/her. I give permission for SNCARC representatives to obtain medical services for my child in the event of an emergency.

**I understand that SNCARC employees/volunteers are not able to administer any medications.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE (Optional)**

I, \_\_\_\_\_, of \_\_\_\_\_  
Name and role of person (legal guardian, parent)                      Name of Minor, if applicable

Hereby give South Norfolk County Arc (SNCARC) of 789 Clapboardtree Street in Westwood, Massachusetts, and/or parties designated by SNCARC, the right and permission to publish without charge photographs taken during the program listed above.

I understand that the term "photograph" as used herein, encompasses still photographs, audio recordings and video recordings.

These photographs may be used in SNCARC agency publications, including electronic publications, in audiovisual presentations, promotional literature, or in other similar ways. They will not be used for any other purpose.

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

Signature: \_\_\_\_\_

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

# **Upcoming Family Fun Days at the South Norfolk County Arc**

**Open to individuals served through the South Norfolk  
County Arc and their families**

## **It's 2 Cool - Indoor Party Space (ages 3-12)**

905 Turnpike Street, Suite D  
Canton

Wednesday February 22<sup>nd</sup> 11:00 a.m. - 1:30 p.m.

Join us for a chance to enjoy an arcade and inflatable playground as well as pizza and snacks. We will have full use of arcade area (Dance Dance Revolution, air hockey, race cars, skee ball, Wii, bubble hockey) as well as the inflatable area (moonwalk, all star hoop, 18' slide, obstacle course).

## **Disney on Ice-Dare to Dream (open to all ages)**

TD Bank Garden-Boston  
Friday February 24<sup>th</sup> - 1:00 p.m.

Buses will be available for those looking for transportation and will leave from the Mercer Parking Lot behind our building at 11:30am.

## **Providence Bruins vs. Worcester Sharks Hockey (open to all ages)**

Dunkin Donuts Center, Providence  
March 3<sup>rd</sup> - 7:05 p.m.

Families will need to pick these tickets up ahead of time at our office.

## **Harlem Globetrotters (open to all ages)**

Dunkin Donuts Center, Providence  
April 1<sup>st</sup> - 2:00 p.m.

Families will need to pick up these tickets ahead of time at our office.

**Space is limited, so please send in your registration form as soon as possible. Please note that these activities are available to immediate family members and grandparents only.**

**South Norfolk County Arc  
February 2012 Family Fun Days Registration Form**

Return to: Lisa Dwinells  
South Norfolk County Arc  
789 Clapboardtree Street  
Westwood, MA 02090  
Registration Deadline: January 31st, 2012

Child's Name \_\_\_\_\_ Age \_\_\_\_\_  
Parent's Name(s) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone Number \_\_\_\_\_  
E-Mail address \_\_\_\_\_

Total number of Family Members attending (including child listed above) \_\_\_\_\_

Additional Family Members attending program:

Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_

Please check the day(s) you would like to attend. Please prioritize your choices (1=most interested, etc.)

\_\_\_ February 22<sup>nd</sup> – It's 2 Cool

\_\_\_ February 24<sup>th</sup> – Disney on Ice                      Bus: Yes \_\_\_ No \_\_\_

\_\_\_ March 3<sup>rd</sup> – Providence Bruins

\_\_\_ April 1<sup>st</sup> – Harlem Globetrotters

You will receive confirmation no later than February 3<sup>rd</sup> as to what activity we are able to accommodate your family for. We ask that you make every effort to attend any activity that you are accepted for. If you do need to cancel, please allow as much notice as possible so that we are able to offer your space to another family. Failure to call and cancel may affect future participation in programs. If you have any questions, please contact Lisa Dwinells at 781-762-4001, ext. 325 or [ldwinells@sncarc.org](mailto:ldwinells@sncarc.org).

# **February 2012 Vacation Week Program at South Norfolk County Arc**

**Open to children ages 6-12 served through the Family Support  
Program and the Family Autism Center.**

**Monday February 20th, 10:00 a.m. – 2:00 p.m.  
Center Based Day**

We will do a variety of activities on site today, including a drumming circle, dance party, arts and crafts, a movie and a variety of sensory activities. We will be having pizza for lunch.

**Tuesday February 21st, 9:00 a.m. – 1:00 p.m.  
Bowling, Ficco's Bowladrome, Franklin**

We will be taking a van to Franklin to go bowling. We will have pizza for lunch and may stop for ice cream if time allows.

**Thursday February 23<sup>rd</sup>, 9:00 a.m. – 1:00 p.m.  
Jump Trax, Sharon**

We will spend the day Jump Trax, an inflatable playground in Sharon. We will have pizza for lunch.

**Drop off will be here at SNCARC at 789 Clapboardtree Street  
in Westwood. If you have any questions, please call Lisa  
Dwinnells at 781-762-4001, ext 325.**

**South Norfolk County Arc  
February 2012 Vacation Week Program**

**Please return to Lisa Dwinnells @ SNCARC by January 31st  
789 Clapboardtree Street  
Westwood, MA 02090**

**This is the form that will be provided to your child's "buddy." It is important that you offer as much practical information as you think would be helpful to ensure a positive experience for both your child as well as his/her "buddy."**

Child's name: \_\_\_\_\_ Age \_\_\_\_\_  
Parent's name: \_\_\_\_\_  
Address \_\_\_\_\_  
Phone # : \_\_\_\_\_  
Cell #: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Please indicate below your preferences in order of 1-most to 3-least**

\_\_\_\_\_ 2/20 Center-Based Day

\_\_\_\_\_ 2/21 Bowling

\_\_\_\_\_ 2/23 Jump Trax

Does your child have any medical diagnoses such as seizures or food allergies that we need to be aware of? (If yes, please explain.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the best way to communicate with your child? ( i.e. are there certain words, phrases or gestures that are used)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate any behavioral concerns you have and the best way to deal with them:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

continued on following page...

Page 2, registration – vacation week FEB. 2012  
Child's name: \_\_\_\_\_

Are there specific circumstances or situations that may cause your child to become agitated or aggressive?

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What is the best means of comforting your child?

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What else would you like us to know about your child?

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**Space is limited so register early. We will contact you no later than February 3rd to let you know what day(s) your child is able to participate.**

## **February 2012 Teen Vacation Program**

This program is for 13-17 year olds served through the Family Autism Center and Family Support Program at the South Norfolk County Arc. Pat Fales will lead the activities along with one other staff person.

**Monday, February 20, 2012 10:00 a.m. - 3:00 p.m.  
Mini Golf at Trombetta's in Marlboro and Lunch**

**Tuesday, February 21, 2012 10:30 a.m. - 3:30 p.m.  
The Sports Museum at The Garden and Lunch**

**Thursday, February 23, 2011 10:00 a.m. - 2:00 p.m.  
Bowling and Lunch**

If you have any questions about this program, please contact Nancy Borr at 781-762-4001 or Pat Fales at 781-986-4819.

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Please check which days are of interest to you by numbering 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choice.

Name: \_\_\_\_\_ Phone \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_ Monday, February 20th Mini Golf at Trombetta's

\_\_\_\_\_ Tuesday, February 21<sup>st</sup> The Sports Museum at The Garden and Lunch

\_\_\_\_\_ Thursday, February 23<sup>rd</sup> Bowling and Lunch

**We must receive all forms by Friday, February 4th. We will notify you by Friday, February 11th as to which trips you are signed up to attend.**

**PLEASE NOTE  
YOU MUST ALSO SUBMIT THE ENCLOSED PERMISSION SLIP.**

PLEASE SEND COMPLETED FORMS TO:

Nancy Borr  
SNCARC/FAC  
789 CLAPBOARDTREE STREET  
WESTWOOD, MA 02090

**South Norfolk County Arc Permission Slip to Participate**  
**Name of Group: VACATION WEEK Session/Date: FY 2012**

**PARTICIPANT INFORMATION:**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_  
Town \_\_\_\_\_ Zip Code \_\_\_\_\_  
Guardian Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Email Address \_\_\_\_\_

**EMERGENCY CONTACTS:**

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Relationship \_\_\_\_\_ Cell Phone \_\_\_\_\_

**MEDICAL INFORMATION:**

Medical Problems \_\_\_\_\_  
Allergies (if yes, please list) \_\_\_\_\_

Food Allergies \_\_\_\_\_

Name of Insurance Provider \_\_\_\_\_

Insurance ID \_\_\_\_\_

Primary Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

I/We, the undersigned mother, father, or guardian of \_\_\_\_\_, give my/our approval for his/her participation in **VACATION WEEK** sponsored by SNCARC Family Support and The Family Autism Center. I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless SNCARC, their directors, instructors, and volunteers from any claim arising out of injury to him/her. I give permission for SNCARC representatives to obtain medical services for my child in the event of an emergency. **I understand that SNCARC employees/volunteers are not able to administer any medications.**

Signature of Parent/Guardian: \_\_\_\_\_ Date \_\_\_\_\_

**PHOTO RELEASE (Optional)**

I, \_\_\_\_\_, of \_\_\_\_\_

Name and role of person (legal guardian, parent)

Name of Minor, if applicable

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

Signature: \_\_\_\_\_

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

**South Norfolk County Arc  
Valentine's Teen Dance  
Open to ages 14-22**



**What: Dinner and dancing with music from  
DJ Magic Mark**

**When: Friday, February 17, 2012**

**Time: 5:30 p.m. 8:00 p.m.**

**RSVP: Nancy Borr 781-762-4001 ext. 412 or  
[nborr@sncarc.org](mailto:nborr@sncarc.org)**

**Please RSVP no later than February 10<sup>th</sup>**



# YOGABILITIES™!

Yoga can increase body awareness, strength and flexibility and promote better posture while teaching stress-reduction techniques. Your special family member can enjoy the many benefits of Yoga practice in these modified series of classes. This class employs the use of props such as Yoga flash cards, beanbags, and balls, along with soothing music to introduce Yoga practice in a fun and accessible way. Students take home weekly handouts to help generalize stretch and relaxation into their daily lives. Each class ends with a deep relaxation. No prior Yoga experience necessary. Three class series offered. Please call or email for details.

MONDAYS – 4:30 - 5:30 p.m.

TUESDAYS – 4:00 – 5:00 p.m.

THURSDAYS – 7:00 – 8:00 p.m.

WHERE: SPECTRUM YOGA, Norwood Center

For more information please call Melinda at (781) 551-8254 or email [Spectrumyoga@aol.com](mailto:Spectrumyoga@aol.com)

**SPACE IS LIMITED.**

Melinda Coppola is a parent of a young woman on the Autism Spectrum and the founder of Yogabilities™ and Spectrum Yoga Studio. She is a certified and registered Yoga teacher, Yoga Therapist, and Reiki Master.