

Crafts and Conversations Enrichment Program

Our children often have the best intentions, but they sometimes don't know quite what to do or say. We can help with that!

For students in grades: 2nd- 5th grade

- Mondays 3:30-4:30 pm; Minimum 4 students/ maximum 10
- \$35 a week; sign up for 7 weeks or 14 weeks
- 7 weeks- \$245; (Jan 8, Jan 22, Jan 29, Feb 5, Feb 12, Feb 26, March 4,)
- 14 weeks- \$490; (Jan 8, Jan 22, Jan 29, Feb 5, Feb 12, Feb 26, March 4, March 11, March 25, April 1, April 8, April 15, May 6, May 13)

Acceptable forms of payment are cash, check, Venmo. Please contact Casey at (314) 583-9909 to make payment arrangements (e.g. installments)

Our goal is to offer sessions that nurture a positive self- image, strengthen self-confidence, and promote emotion- understanding and -expression. We offer supportive solutions that focus on increased flexibility and engaged listening and responding.

In our group, we provide a supportive framework for:

- Self- esteem and -concept
- Affirming boundaries (e.g. saying no)
- Self -advocacy
- Emotional- and self- regulation
- Social- cognition and -reasoning
- Executive functioning skills

This group will focus on skills such as conversation, building and maintaining friendships, problem-solving, and sensory and emotional regulation. We accomplish this through using a variety of crafts, games, and practice with others in the group. Our sessions will always reflect inclusivity, acknowledgement, and affirmation.

This Enrichment Program is led by Mirowitz's Speech and Language Therapist, Casey Stallings, M.S. CCC-SLP and Occupational Therapist, Risa Shyres, M.S. OTR/L. Both have extensive and diverse experience and have designed and implemented programs for: executive functioning, sensory and language processing, self - and emotion- regulation, and social cognition and reasoning. Questions: please contact Risa Shyres rshyres@gmail.com or Casey Stallings caseystallingslp@gmail.com

**Crafts and Conversations Enrichment Program
Registration Form**

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- 7 weeks- \$245; 14 weeks \$490
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Student Name: _____ Grade: _____

Please specify any learning or special health needs: _____

Any allergies we should be aware of: _____

Can your child have an afterschool snack during group? Yes No

Parent Name/s: _____

Home Phone: _____

Cell Phone: (parent 1): _____

Cell Phone (parent 2): _____

Preferred Email: _____

Parent/ Guardian Signature

Date

Please return this form to Casey or Risa by January 4, 2024. Payment arrangements need to be made by January 4, 2024.