



SPECIAL EVENT WORKSHOPS

SPECIAL SIBLINGS

Hosted by Autism York and facilitated by Easter Seals Central PA

Autism York in conjunction with **Easter Seals Central PA** will be offering a special program designed for the typical siblings, ages 6-12, of children diagnosed with ASD. Sibling workshops are “events” that allow children to celebrate the special gifts of their siblings with autism. While there, they will have the opportunity to meet other children with autistic siblings and discuss their shared joys and concerns in a fun and relaxed setting.

The workshops will include: games, information, crafts, discussion, special guests, and snacks. Michelle Overmiller of Innovative Parenting Solutions will serve as the program facilitator.

Overmiller is a parent coach/educator with more than ten years of experience in the mental health and education fields combined. She holds a Masters Degree of Education and certification in elementary school counseling. Michelle has worked with both children on the autism spectrum and their siblings, and has come on board with Easter Seals to oversee and operate this program.

Sessions will be held **March 10th, April 21st, May 12th and June 9th**. The group will meet at York Alliance Church, 501 Rathton Rd, York, from **9:30am—12:00pm in March, May and June**. The **April 21st** session will be a bowling outing. This exciting opportunity is being offered at the low price of \$20. Entire fee is required at the time of registration. Registration is for the entire group of workshops. No individual session registrations will be accepted. A limited number of spots are available.

Pre-register for this program by February 24, 2012. For further information or to register, please contact: Matt Ernst at Easter Seals—mernst@eastersealscentralpa.org or call 741-3891.

To register for *Special Siblings*, complete this form and return with payment of \$20 per participant to:

Easter Seals Central PA
Attn: Matt Ernst
2550 Kingston Rd, Suite 219
York, PA 17402

Registrant(s) Names: _____
Registrant(s) Ages: _____
Address: _____
Phone Number: _____

