



Fun FRIENDS Group

The Fun FRIENDS program helps kids aged 4-7 to develop confidence, coping skills, emotional awareness and social skills, all while making friends in the process! Fun FRIENDS gives your children the skills to help them be happy and resilient, no matter what challenges life throws their way. The program helps them develop skills which are particularly beneficial during transition times - for example, starting school, moving house or when a new baby is born.

Fun FRIENDS aims to:

- Assist children to develop life skills to effectively cope with difficult and/or anxiety-provoking situations
- Build emotional resilience and problem-solving abilities
- Promote self-confidence and positive thinking

Children will learn to:

- Understand feelings in themselves and others
- Recognise and challenge unhelpful thoughts
- Build support teams
- Make friends and share
- Relax and calm their body and emotions
- Develop coping step plans
- Develop problem solving plans
- Be brave and deal with conflict

Brisbane Family Psychology is running a Fun FRIENDS group at our clinic, located at 1B / 172 Evans Road, Salisbury, on Thursdays from 3:30pm to 5:00pm, for ten weeks from **Thursday March 1st to Thursday May 17th 2012**, with a two week break over the school holidays (April 5th and 12th).

To make the program accessible to as many families as possible, we are offering a greatly reduced cost of **\$490.00 (including GST) per child** for the whole program, including all resources and support, which is less than a third of the usual fee. Significant discounts may be available through your private health provider – please contact them to check.

To register your child for Fun FRIENDS, please complete your details on this form and fax it back to us on 3306 1080, or email it to info@brisbanefamilypsychology.com.au. For more information, please contact Brisbane Family Psychology on 3306 1083.

REGISTRATION – FUN FRIENDS GROUP

CHILD ONE - NAME: _____ D.O.B: _____

CHILD TWO - NAME: _____ D.O.B: _____

CONTACT NUMBERS: _____

EMAIL ADDRESS: _____

TAX INVOICE

CARD NUMBER:

NAME ON CARD: _____ VISA MASTERCARD

DEBIT AMOUNT: _____ CVC: _____ EXPIRY: _____