

YORK COUNTY Strengthening Families

a Children's Home of York Program

A program for parents and youth 10-14

The Teen years can be challenging for all families...
SFP 10-14* can help parents and teens
tackle the challenges together!



What to Expect?

- SFP is a 7-week program which meets one night per week.
- Each evening begins with a **free family meal. Dinner at 5:30 pm.**
- **Free childcare** is provided for younger siblings less than 9 years of age.
- During the first hour, parents and youth meet separately, but work on similar skills. During the second hour, youth and parents have fun together as they play games and do family projects.
- Youth sessions include discussions group skills practice, and games.
- Parent sessions include video presentations, group discussions, and skill building activities.
- \$25 gift card to a family restaurant when completing course.

Learn more about...

For Parents:

Setting appropriate limits
Encouraging good behavior
Using effective consequences
Help your child do better in school
Sharing Expectations

For Youth:

Setting & reaching goals
Appreciating parents
Managing stress
Following rules
Resisting peer pressure

For Families:

Supporting goals & dreams
Solve problems together
Sharing family values
Building family communication

This program is free for all families with participating children (10-14 years*)
Family Meal: 5:30 Classes 6-8 pm

Tuesday Evenings
Mazie Gable Elementary School
100 E. Prospect St.
Red Lion, PA 17356

April 2, 9, 16, 23, 30 and May 7, and 14, 2024

For More Information and to Register, Contact
Stacy Strausbaugh, strausbaughs@rlasd.net
or Cecilia Keesey, ckeesey@choyork.org or 717-487-7306



Location: Mazie Gable

Start Date: April 2, 2024

Workshops for Fun and Learning
PROGRAM REGISTRATION FORM

I. Mother/Caregiver

Name _____ Age _____ Birth Date _____ Marital Status _____

Address _____

Street

City

Zip

Phone _____ Other Phone _____ E-mail _____

II. Father/Caregiver

Name _____ Age _____ Birth Date _____ Marital Status _____

Address _____

Street

City

Zip

Phone _____ Other Phone _____ E-mail _____

III. Youth Attending Program Only

1. Name _____ Age _____ Birth Date _____

2. Name _____ Age _____ Birth Date _____

3. Name _____ Age _____ Birth Date _____

4. Name _____ Age _____ Birth Date _____

IV. Childcare Needs

How many children _____ Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

Name _____ Age _____ Birth Date _____

I hereby give my permission to have my image/voice and my child's image/voice used by Children's Home of York's Strengthening Families Program. I understand these images may be used in presentations, websites and other forms of media for educational, promotional and marketing purposes of SFP to other families and the community.

Parent/Caregiver

Name: _____

Signature: _____

Date:
