LINCOLN PARK EXCEPTIONAL CHILDREN

"LPEC"

Mission Statement: The LPEC (Lincoln Park Exceptional Children Program) was designed to provide opportunities to members of the Lincoln Park Community and surrounding towns with Special Needs. "Special Needs" can be defined as special or unique , out-of-the-ordinary concerns created by a person's medical, physical, mental or developmental condition or disability. Additional services are usually needed to help a person address needs in one or more of the following areas: thinking, communication, movement, getting along with others and taking care of oneself.

Special needs can be categorized not only as physical disabilities but also learning impediments and communication disorders, from stuttering to extreme shyness. Treatments for these disorders vary with severity and philosophy.

LPEC operates under the Lincoln Park Recreation Program through a ROID Grant* from the State of New Jersey. Suggestions for new ideas and programs to offer the children of our community (as well as their parents), to advance their recreational opportunities are welcome . This year, we are continuing our mission to create and improve interest in swimming. In past years, we have offered a "Gym and Swim" Night at Spa 23 (Sunday evenings in September, October, November and December), as well as events in August at the Lincoln Park Community Lake. Our staff of instructors have years of activity working in the water with children with various different disabilities.

**ROID Grant: Recreational Opportunities for Individuals with Disabilities*

Please enroll my child in LPEC!

Enrollment in the program will add you to our mailing list which we will use to provide you with information regarding future programs (for children and their parents), keep you advised about meetings and entitle you to all the perks LPEC has to offer!

The information you provide will be kept strictly confidential.

Only Statistical information (no personal information) will be returned to the state along with ROID Grant expense information.

Child's Name: _____

Date of Birth: _____ **Age:** _____ **Grade:** _____

Address: _____

Parent(s) Name(s): _____

Home Phone: _____

Cell Phone: _____ **2nd Cell Phone:** _____

E-Mail Address: _____

Description of Child's Disability : _____

_____

_____

_____

(We are asking for this information for statistical purposes, as well as to give us ideas as to what types of programs we can offer in the future. This information will not be shared).