

Parsons Elementary School

North Brunswick Township Public Schools

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Dear Families,

The "Family Nights Out" Program will be offered here at Parsons Elementary School. It is designed for parents or caregivers and their children ages 9 to 14. The goal of the program is to build important life skills in youth and give parents more tools to help their children become responsible young adults.

This program gets results for both parents and their children!

The program consists of seven sessions plus one follow up booster sessions. In this program:

- Parents build on their strengths in showing love and setting limits.
- Parents improve skills including, setting appropriate limits and following through on consequences.
- Youth develop skills in handling peer pressure and building a positive future.
- Youth have significantly fewer conduct problems in school.
- Families grow together and build strong family relationships.

Each session of "Family Nights Out" starts with a family meal, that is provided free of charge every week. After dinner, parents and youth meet in separate groups for the first hour and together as families during the second hour to practice skills, play games, and do family projects. Sessions are highly interactive and include role-playing, discussions, learning games, and family projects. It will run for seven weeks and will meet on Monday nights starting at 5:30 PM. The dates are October 19th through December 7th with a booster session on January 11th.

What parents say. . .

- *"We saw that other parents have the same issues as us with sibling rivalry, stress, chores, time management, etc. We strongly encourage families to attend."*
- *"This program brought us closer together with (our son) and our other children. We now have a weekly family meeting time where we can talk freely about things that may be bothering one or all of us without being critical."*
- *"The program provided helpful suggestions on discipline and making rules that work."*

What youth say. . .

- *"I learned what to say if someone is trying to get you in trouble."*
- *"I didn't realize how much my mom cared about me."*
- *"I learned that my parents are fun to be with."*



*30 years of providing substance abuse prevention,
education, and support for personal recovery*

Family Nights Out Program Registration Form

If you would like to participate in this seven week program, please fill out this form.

Parent/Guardian Names: _____

Participating Child's Name: _____ Age: _____

Participating Child's Name: _____ Age: _____

Participating Child's Name: _____ Age: _____

Home Phone: _____ Cell: _____

Address: _____

Ethnicity (optional): _____

Primary language spoken at home: _____

Do you or your child have any food allergies? Please list:

Will childcare be needed? Yes _____ No _____

If so, name and age of each child: _____



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