



# Circle of Security<sup>®</sup> PARENTING SERIES

Presented by: Seven Oaks School Division Educational and Clinical Support Services

Dates, times and locations:

Arthur E Wright 1520 Jefferson Ave  
Every Monday from 9:30am to 11:30am  
February 25, March 4, 11, 18, April 1, 8, 15 and 22<sup>nd</sup>

Ecole James Nisbet 70 Doubleday Dr  
Every Wednesday from 9:30am to 11:30am  
February 27, March 6, 13, 20, April 3, 10, 17 and 24<sup>th</sup>



SEVEN OAKS  
SCHOOL DIVISION  
*community begins here*

How to register: Please drop off or email registration form to your school office by February 8<sup>th</sup>, 2019.  
(Group registration will be processed in order of the date and time received.)

**\*\*FREE CHILDCARE IS AVAILABLE ON SITE\*\***

**At times all parents feel lost or without a clue about what our child might need from us.** Imagine what it might feel like if you were able to make sense of what your child was really asking from you. The Circle of Security<sup>®</sup> Parenting<sup>™</sup> program is based on decades of research about how secure parent-child relationships can be supported and strengthened. For more information please check out the Circle of Security animated videos on the Seven Oaks School Division website at: [www.7oaks.org](http://www.7oaks.org).

**Benefits:**

- Increased connection to caregivers
- Improvement in child's behaviour
- Child will have a better capacity to handle emotions
- Engage in successful relationships

Detach and submit bottom copy

**Circle of Security Registration:**

**\*Please return to school by February 8<sup>th</sup>, 2019.** You will be contacted by the facilitator prior to the start of group to confirm your registration. If you would like further information you can contact Nicole Scott at: 204-582-3383 or email [nicole.scott@7oaks.org](mailto:nicole.scott@7oaks.org).

Which session are you registering for: Monday (A E Wright)\_\_\_\_\_ or Wednesday (Nisbet)\_\_\_\_\_

Parent(s)/Caregiver(s) first and last name:\_\_\_\_\_

Telephone number:\_\_\_\_\_ Email address:\_\_\_\_\_

What school does your child attend?:\_\_\_\_\_

Do you require childcare: Yes \_\_\_ or No \_\_\_; If yes for how many:\_\_\_\_\_; Allergies: Yes \_\_\_ or No \_\_\_

Any additional needs for child care:\_\_\_\_\_

**\*\*For Office use only\*\*** School Secretaries please date & time stamp registration then fax returned forms to the ECSS office, attention: Nicole Scott @ (204)582-6272 by February 8<sup>th</sup>, 2019.