

ANGER!

I just don't know what to do?



Giving
Hope
Today

*For information on this and
other programs contact:*

The Salvation Army
Northridge Community Church
415 Pickering Cres.
Newmarket, ON L3Y 8G8
Tel: 905-895-0577
Fax: 905-830-0343

E-mail

mail@northridgecommunitychurch.com

~COMMUNITY PARTNERS~



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Today



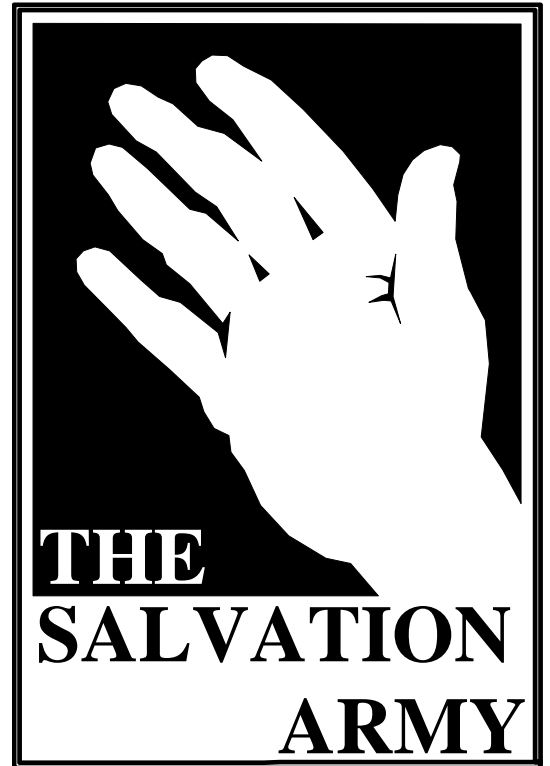
CANADIAN MENTAL
HEALTH ASSOCIATION

ASSOCIATION CANADIENNE
POUR LA SANTÉ MENTALE



ANGER MANAGEMENT

*"It may be an uphill climb to
gain self-control, but once you
get to the top of that mountain,
your feelings of accomplishment
will make it all worth the effort."*



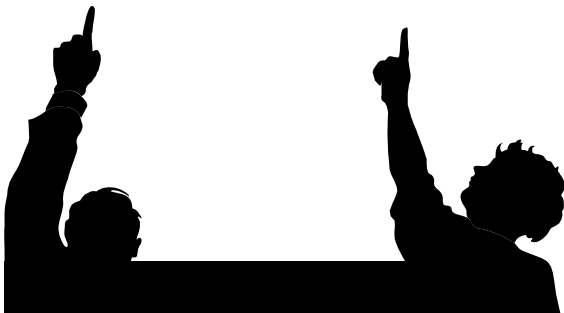
CENTRAL YORK REGION
COMMUNITY SERVICES

FRUSTRATED AND NOT COPING IN THIS FAST PACED WORLD?

Talking about it will help you overcome rage and develop a healthier coping style.



This 9 week program can help you learn to understand how your feelings, thinking and environment affect your ability to cope with anger.



What will you learn from this anger management group?

- Anger can affect my home, work, health & others
- Myths or misconceptions about anger
- How to cope with anger
- How to diffuse anger
- Consequences of anger
- Your anger style
- How to deal with other people's anger
- There is someone I can call when I need to talk



helping people cope with anger



COST

\$20 non-refundable upon registration

REGISTRATION

Complete and return your application and fee immediately as space is limited.

CLASSES

Mondays, 7:00 – 9:00 PM
Call for course information

~ BUSINESS SEMINARS ~

Available upon request on or off-site.
Call us to discuss your needs.

~COMMUNITY PARTNERS~



CANADIAN MENTAL
HEALTH ASSOCIATION

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ANGER MANAGEMENT REGISTRATION FORM

THE SALVATION ARMY, CENTRAL YORK COMMUNITY SERVICES

Personal Information	For Office Use Only:
<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/>	Class Start Date:
First Name:	Location of Group: 415 Pickering Cres.
Middle Name:	Fee: \$20 <input type="checkbox"/> Paid
Last Name:	<input type="checkbox"/> Receipt Required #:
Address:	
City/Town:	Postal Code:

Please list your contact numbers below & check the ones you can be contacted at:

Home Phone:	<input type="checkbox"/> Work Phone
Cell Phone:	Fax:
Pager:	<input type="checkbox"/> Email:

Reason(s) for Attending the Course

<input type="checkbox"/> Court Ordered	<input type="checkbox"/> Probation/Parole	<input type="checkbox"/> CAS
<input type="checkbox"/> Employer Request	<input type="checkbox"/> School Request	<input type="checkbox"/> Personal Interest
<input type="checkbox"/> Other – Please Specify:		

State what you hope to get out of this course?

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How did you learn of this program?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend/Family	<input type="checkbox"/> Employer referral
<input type="checkbox"/> Court/Legal referral	<input type="checkbox"/> Probation Officer referral	<input type="checkbox"/> CAS referral
<input type="checkbox"/> Pastor referral	<input type="checkbox"/> Other/Specify:	

Signed Agreement:

I understand that my application will involve a pre-screening and that I may not be eligible to take this course. I agree to attend all classes, take active part in discussions, do work assignments and pay in full. I also understand that should I miss any class or portion of class due to lateness or absence, it may forfeit my ability to complete the course. In the event of this, it is my responsibility to discuss the matter with my instructor as he/she will be required to make any judgement on my part. Missed classes can be made up at additional cost and up to the discretion of the individual instructor. No refunds are available for missed classes or failed courses.

Date: _____ Sign Here: _____

Cheques must be payable to:

The Salvation Army
415 Pickering Cres., P.O. Box 356,
Newmarket, ON L3Y 4X7



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