



South Florida Autism Center, Inc.

**WINTER CAMP PROGRAM
2017**

**Program Handbook
& Application**

South Florida Autism Charter Schools, Inc. (SFACS)
13835 NW 97 Ave * Hialeah, Florida 33018
Phone: (305) 823-2700 * Fax: (305) 823-2705
www.sfacs.org

INTRODUCTION:

This program is offered as a community service by South Florida Autism Center. Our Winter Camp is intended to be a high quality program that provides instruction in a 3:1 student-to-staff ratio, with Staff /Counselors trained in the methodologies and best practices of Applied Behavior Analysis. ***Upon completion of a behavioral assessment, it may be deemed necessary that your child have a 1:1 student-to-staff ratio. At this time, an increase of fees will be determined prior to your child's admission into the Center's Winter Camp Program.*** Activities will include maintenance academics, art/sensory, music, and computer lab and field trips.

Dates of Operation:

SFA-Center will be closed on December 25-26 and January 1-2. Camp dates are as follows:

December 27, 28, 29th

December 2017				
M	T	W	Th	F
25	26	27	28	29

January 3, 4, 5th

January 2018				
M	T	W	Th	F
1	2	3	4	5

Hours of Operation:

Wednesday through Friday, from 8:30 am to 3:00pm.

Holidays: December 25-26 and January 1-2

Hurricane Policy:

When Miami-Dade County Public Schools are closed because of hurricane or bad weather, our Center including camps and after school program will also be cancelled. You may call the school, or refer to the Miami-Dade County Public School website for school closure due to hurricane activity or bad weather.

ENROLLMENT REQUIREMENTS:

1. The program is available to individuals diagnosed with autism spectrum disorder(s). Only children whose parents/guardians have completed the registration process may be considered for acceptance into the Center's Winter Camp Program. The following is required for registration:
 - \$25 Registration Fee
 - \$50 Evaluation Fee for Non-SFACS students
 - Emergency Contact Card
 - Emergency Information Form
 - Tuition Contract
 - Authorization for Medication
 - Student Photo Release Form
 - IEP required for new students***
2. When the Center's Winter Camp is at maximum capacity, parents may place their child(ren) on a waiting list and be notified on first come, first served basis.
3. All children in the Center's Winter Camp Program must have proof of full coverage insurance.

FEES:

- **Program Fees are \$384.00 for a 3:1 ratio.**
- **Program Fees are \$450.00 for a 1:1 ratio.**
- Payment must be made in advance as follows:
 - Fees are due by **Friday, December 15th 2017.**
- There is a Registration fee of \$25.00 and an Evaluation Fee of \$50 per child (Non-SFACS). ***This fee is non-refundable.***
- Please make checks payable to: **South Florida Autism Center or SFAC**
- Payment may also be made by credit card.

Missed Days / Partial Enrollment:

There will be no refunds for days missed.

Past Due Accounts and Returned Checks:

Parents/Guardians will be responsible for restitution on returned checks, including fees and service charges. Only money orders will be accepted until returned checks and fees are paid in full. If payment is not made in full within five (5) days or other arrangements made, the child will be ineligible to attend.

CHILD DROP-OFF/PICK-UP POLICY:

Morning Drop-Off

The Carpool Drop-off area is located in the front of the school on NW 75th Ave. Parents are to remain in their car at all times in the drop-off line. Staff will be by the SFACS front office between 8:20 am and 8:30 am each morning to receive the students. A staff member will come to your car to collect your child. Staff will go inside precisely at 8:30 a.m. Students arriving after 8:30 a.m. will be considered tardy and the student's parent/guardian must take their child to the main office to sign them in late.

After-Camp Pick Up

A child may only be picked up by people who have been designated on the "Emergency Information Form" by the parent or legal guardian. Please call or send a note to let staff members know that someone other than the parent will pick up the child. Please be sure that the person who will pick up your child knows that he/she will be expected to have an ID, so that we can be sure who is picking up your child. These conditions are made for the protection of your child.

- **Dismissal (3:00 p.m.)**

Staff will be in the front of the school from 2:40pm to 3:00pm. Parents are to remain in cars at all times. A staff member will bring your child to you.

Parents are reminded to observe the following when waiting to enter or exit the school grounds:

- Exercise caution at all times and be alert for pedestrians and bike riders. Yield to pedestrians and bike riders at all times.
- Students are not permitted to cross parking areas or to meet parents on the road to be picked up.
- Do not leave your car unattended while in the carpool pick-up line.
- Drivers will move forward as cars exit the pick-up line to fill gaps between cars.
- Students must enter/exit from passenger side only.
- Please be courteous of other drivers and property owners. Do not pull off of street on to landscaped areas. You will be responsible for any damage to landscape materials or irrigation systems.
- Do not block driveways or entrances to neighborhoods.

Late Pick-Up Penalty:

If your child is not picked up by 3:20 p.m., they will be taken to the school office until you arrive. A \$25.00 penalty will be charged and \$1.00 for every additional minute a child is kept after 3:00 pm. You will be invoiced for this charge the next day. If you are chronically late picking up your child/children, after the third offense they may be dropped from the program.

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HEALTH AND MEDICAL INFORMATION:

Sick Policy:

Parent/Guardians will be called to pick up children immediately if they appear sick. Signs of illness include, but are not limited to: green mucous, fever, pink eye, diarrhea and vomiting. It is the responsibility of the Parent/Guardian to pick up the child within a reasonable amount of time. We will make every effort to promptly notify parents in the event of a breakout of contagious illness. For the protection of all the children, no child will be admitted to the Center's Winter Camp while he/she has a temperature. We need your help in keeping contagious diseases such as colds and flu out of the center. When your child is sick, you will be called to pick up your child as soon as possible. Children should not be sent back to the Camp for at least 24 hours after they are clear of fever symptoms. Children in attendance should be well enough to participate in all activities. Parents must furnish medicine and adhere to the procedures listed below in order for the staff members to administer medications. The parent/guardian must complete a form, which is available in this packet. Staff members cannot fill out medicine forms or labels for you.

Medications:

To enable students to receive their prescribed medications during the school day, a special medication/treatment form must be completed. This form requires the signature of the Doctor prescribing the medication and the parent's signature. Whenever possible, prescription medication should be administered at home. When a physician specifies that medication be administered during the school day, the school should be contacted, and the following guidelines will be used to supervise medication administration in school:

- All medication should be brought to the Office at the beginning of the day, **by a responsible adult**, accompanied by a signed and dated Emergency Card, giving the school permission to administer the medication. Send only a **6-day supply**.
- **The medication must be in the original container, with a prescription label** that includes the following information: child's full name, name of medication, prescription number, dosage, and time to be administered.
- Emergency medication will be administered when ordered by the family physician or the school physician.
- Please notify the school of any medication changes. A nurse or trained staff member as designated by the principal distributes medication in all circumstances.
- Students are not permitted to bring non-prescription medications to school. If during the course of the day, it is necessary for a student to receive non-prescription medication i.e. Tylenol, a trained staff member will dispense the medication as indicated on the Emergency Card.
- Parents must notify the school of any allergies or restrictions on non-prescription medications.

**South Florida Autism Center Winter Camp
Emergency Contact Information**

Child's Name: _____ Name Called: _____

Date of Birth: _____ Present Age: _____ Sex: ____ (H) Phone: _____

Address: _____ City: _____ Zip: _____

*Household Email: _____ (***required**)

Mother Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's name & phone number: _____

Nearest Relative or neighbor to contact in emergency if parents cannot be reached:

Name: _____ (H) Phone: _____ (W) Phone: _____

Name: _____ (H) Phone: _____ (W) Phone: _____

Person authorized to pick up child. (Child can only be picked up by persons on this list)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Additional person living or working in home: (include siblings)

Name & Age Name & Age Name & Age

Allergies _____ Fears _____

Any health problems? _____ Medication required? [] Yes [] No

Medication taken regularly _____

Relate any information which you think would be of help to the staff _____

**South Florida Autism Center Winter Camp Program
Tuition Contract**

This agreement is made on _____ (Date) between South Florida Autism Center, Inc. and the Parent/Guardian, _____, with custody of _____ who reside at the following address:

Address: _____ City: _____ Zip: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

- I enroll my child(ren) for the South Florida Autism Center's Winter Camp Program
- I agree to pay \$320.00 per week for this **3:1** service as follows:
 - _____ \$640.00 for Session #1 - due by Friday December 15, 2017
- I agree to pay \$450.00 per week for this **1:1** service as follows:
 - _____ \$900.00 for Session #1 - due by December 15, 2017
- I agree to pay a Registration/Evaluation Fee of \$25 per each child enrolled in the program. I understand this fee is non-refundable (payment enclosed).
- I do not expect the Center's Winter Camp Program to provide medical insurance for my child(ren) nor will I hold the South Florida Autism Center Winter Camp Program, Director or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance.
- I have read the attached policies and rules. Until these policies are changed, I accept them as they are and agree to abide by them.

Child(ren) enrolled:

Name & Age

Name & Age

Payment Method:

Name of Child/Participant: _____

_____ **I wish to pay by check.** Check Payable to: **South Florida Autism Center, Inc.**

_____ **I wish to pay by credit card:**

Visa _____ Mastercard _____ Amex _____

Card Number: _____

Expiration date: _____ Security Code: _____

Parent/Guardian Signature: _____ **Date:** _____

Print Name: _____

**South Florida Autism Center Winter Camp Program
Authorization for Medication**

Date: _____

Student Name: Last, First

Date of Birth

Grade

MEDICATION TREATMENT PLAN TO BE COMPLETED BY PHYSICIAN

Diagnosis: _____

Medication, Dosage, Specific Times and Direction for Administration: _____

Note: Medication must be supplied in the original prescription container. Ask the pharmacist to divide the prescription in two completely labeled containers, one for home and one for school.

Side Effects/Special Instructions: _____

Note to Physicians: Please complete the Treatment Plan on the next page for students who require any special health procedures during school hours (e.g. inhalers, nebulizer treatments, glucose testing, etc.)

Printed Name of Physician

Physician's Signature

Printed Phone Number

Physician's Fax Number

PARENTAL PERMISSION

I grant the Principal or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided during the school day, including when

Name of Student _____ is away from school property on official school business.

Signature of Parent

Date

Home Phone/Work/Cell

TREATMENT FOR STUDENT NEEDING HEALTH PROCEDURES DURING SCHOOL HOURS

Name of Student: _____ Grade: _____

Treatment Plan: _____

Special Procedures (List special procedures in which students have been trained; e.g., insulin administration, testing glucose, etc.): _____

Please list any limitations/precautionary measures that should be considered (e.g. physical education, outdoor activities, transporting, and lifting, special devices/equipment):

Please state any emergency precautions/health emergencies that should be anticipated for this student (e.g., allergy triggers, diabetic reactions, etc.) _____

What is the care plan for these identified emergencies? _____

Physician's Signature

Date

**SFAC Winter Camp Program
Student Photo Release**

I, _____ (Parent Name) and my child _____ (Student Name), a participant at South Florida Autism Center Inc. Winter Camp, do hereby give permission to use my child's photograph or photographic image in official SFAC business, including: SFAC web site, SFAC newsletters, etc. I understand that photographic or video images will be used for news organizations and promotional purposes.

I hereby waive any right that I may have to inspect or approve the finished product in which a photographic or video image may be used including the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

I hereby release, discharge, and agree to save harmless SFAC, its officers, employees, attorneys, representatives, and all persons acting under its permission or authority or those for whom acting from any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form whether intentional or otherwise, that may occur or be produced in the taking of said picture or video or in any subsequent processing thereof, as well as any publication thereof, including without limitation any claims for libel or invasion of privacy.

This release contains the entire agreement between the parties and shall be binding upon and inure to benefits of its successors and assigns of the undersigned.

Signed this date _____ / _____ / _____

Student's Signature

Student's Printed Name

Parent's Signature

Parent's Printed Name