



South Florida Autism Center, Inc.

**Summer Camp
2017-2018
Program Handbook & Application**

South Florida Autism Center, Inc.

18305 NW 75th Place ☐ Hialeah, Florida 33015

Phone: (305) 823-2700 ☐ Fax: (305) 823-2705 ☐ Website: www.sfa-center.org

INTRODUCTION:

This program is offered as a community service by South Florida Autism Center. Our Fun Summer Camp is intended to be a high quality program that provides instruction in a 3:1 student-to-teacher ratio, with Teacher/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-teacher ratio. At this time, an increase of fees will be determined prior to your child's admission into the Center's Summer Camp Program. Activities will include maintenance academics, Art/Sensory, Game Room, Music, and Computer Lab.

Summer Staff

- Our staff is made up of caring individuals dedicated to ensuring each camper's experience is positive and meaningful. Some of our staff has brothers and sisters who attend summer camp every year. Camp staff members include: moms, dads, educators, college students, and young adults, who are looking for a rewarding experience. We take pride in the ethnic and cultural diversity of our staff. Our staff has one goal, to provide the best summer experience for your camper.
- All staff is well trained prior to the start of the summer camp season ensuring we are well-prepared, and have lots of camp spirit. They also go through a rigorous interview, Level 2 background check and drug testing.

Camp Communication

- All South Florida Autism Center Summer info will be sent through email. Please check your email regularly. If your email addresses changes, please provide the new address to the Summer Camp Administration in the front office.

To Register:

- Please complete the following Program Application & Agreement, and once completed, return to the Activities Coordinator. We must receive credit card payment and application one week prior to commencement of services so that we may make arrangements for staff.

Registration:

- Each registration form must be accompanied by the first camp payment, including a \$25 non-refundable deposit per camper.
- A 5% sibling discount is applied and deducted from the lower of the camp fees.
- Payments may be made in installments through May 31, 2018. Final payment of camp fees is due no later than May 31, 2018. Registration forms submitted after May 31, 2018, must be paid in full at time of registration.
- Acceptable forms of payment include: check, AMEX, Visa, MasterCard, Discover, and cash.
- There is a Registration/Evaluation Fee of \$50 per child. This fee is non-refundable, Please make checks payable to: **South Florida Autism Center**

Eligibility for Enrollment:

- The program is available to children 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 Summer Camp. The following is required for registration:

\$25 Registration Fee

Emergency Contact Card

Emergency Information Form

Tuition Contract

\$50 Evaluation Fee (non-SFACS/SFA-Center participants)

Billing Policy and Payment Procedures:

Fee Schedule:

- Registration Fee: \$25.00
- Evaluation Fee: \$50.00
- For those students who wish to enroll and do not currently attend South Florida Autism Charter School, an evaluation fee will be charged. Once payment is received, an evaluation for the student will be scheduled with the Director.

FEES:

- **Program Fees are \$320.00 per week for a (3:1) (2:1) ratio.**
- **Program Fees are \$450.00 per week for a 1:1 ratio.**
- Participants must enroll for a minimum of one 4-week session.
- Payment for each session must be made in advance as follows:
 - Session #1 fees are due by **May 31, 2018.**
 - Session #2 fees are due by **July 5, 2018.**
- Payment may also be made by credit card.

After Care & Before Care Fee:

- After Care Program: \$10.00 a Day 7:30 am – 8:30 am
- Before Care Program: \$10.00 per hour 3:00 pm – 6:00 pm
- For Aftercare services, the \$10 fee is hourly. The hourly fee applies for any increment of an hour. For example, a child that leaves camp at 3:00 pm, will be billed for the entire hour, from 3:00 to 4:00 pm. We must do this in order to cover the costs of our staff, and maintain a 3:1 student- to-teacher ratio at all times.

After-School Care Participants

- Upon dismissal, school personnel will escort students enrolled in the After Care Program to the appropriate program area. **Parents must park and enter the school to pick up a student enrolled in the After-Care Program.** Check out procedures will be distributed at the time of Before/After School Program registration.

After Late Pick-Up Fee:

- \$25.00 fee after 5 minutes, plus \$1.00 for every minute late after 30 minutes.

- **Payment:** Payment must be in the form of Credit Card. The completed Application and payment must be turned in no later than the week prior to commencement of participation. After care must be pre-paid each month, therefore we will charge your credit card no later than the 10th of each month based on the days and hours you've indicated on the monthly calendar. Any additional hours would be carried over and charged the following. *A 3% service fee is added to each charge.* Payments must be in the form of a money order, cashiers check, personal check or credit card. CASH IS NOT ACCEPTED.

Declined Credit Cards:

- Parents/Guardians will be responsible for restitution on declined credit cards, including fees and service charges. Another credit card will be accepted or must bring another form of payment immediately for example checks, cash or money order

Missed Days / Partial Enrollment:

There will be no refunds for days missed. If you are planning a vacation, please keep in mind that you will be required to enroll & pay for a minimum 4-week session. Partial enrollment of less than 4 weeks is not permitted.

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.

Dates of Operation:

There will be two sessions offered. Participants must register for a minimum of 4 weeks. Dates are as follows:

Session #1: June 11th thru July 6th (4 Weeks)

June 2018				
M	T	W	Th	F
11	12	13	14	15
18	19	20	21	22
25	26	27	28	29

Session #2: July 9th thru August 3th (4 Weeks)

July 2018				
M	T	W	Th	F
2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

August 2018				
M	T	W	Th	F
		1	2	3

Holidays: July 4, 2018 - No Camp

Carpool Times

- Morning 8:30 - 9am Afternoon 2:45 - 3:00 pm
- A \$1/per minute late fee will be collected after 3:10pm

Special Service:

- In the event our staff sees your camper is having difficulty within the structure we provide, SFAC reserves the right to have a behavioral specialist conduct an observation and oversee the implementation of behavior modification programs with staff and your child. If, after the implementation of these procedures, your child continues to experience difficulty, we may recommend that he/she participates in a "1:1 program," which we provide at an additional fee.

Changes and Additions:

- Changes and additions are subject to space availability.
- A \$75 change fee is applied for each drop/add per child.
- When enrolling during early registration period, the first change is free.

Refund & Cancellation Policy:

- Refund requests must be made in writing to the South Florida Autism Center Executive Director/CEO prior to May 15, 2018.
- All refunds will be subject to a \$75 processing fee and a \$250 non-refundable registration fee per child.
- Camp fees are NON-REFUNDABLE after May 15, 2018, including, but not limited to absences, withdrawals, inclement weather or in the event a camper is asked to leave camp for disciplinary reasons.

Field Trip Policy:

- Should the camper be unwilling, unable, or chooses to forgo the designated field trip, alternate accommodations are not available and no refund is given.

Accident Form/Medications:

- I understand that if the child physician dated after August 21, 2017, and turned into the SFAC Admin Office prior to May 26, 2018 does not complete medical forms, the SFAC has the right to refuse entry to camp with no refund.
- All medications must be clearly indicated on the health form and on applicable medication forms. All medications will be maintained in the camp's infirmary and dispensed by the Camp Medic with written permission from the parent/guardian.
- A Camp Medic will staff the camp infirmary from 9am-4pm.
- The health history provided to the Camp of my child is correct as far as I know, and the child that I have registered have permission to engage in all prescribed camp activities, except as noted by the examining physician and myself.
- I understand that SFAC does not assume responsibility for any injury. In case of medical emergency, I hereby give permission to the physician, selected by the SFAC, to secure proper treatment for my child(ren) and I assume responsibility for all fees. I also understand that the SFAC will offer assistance with filing the claim, but assumes no responsibility for the fees or payment from the insurance company.

Food Policy:

- Allergies to foods, chemicals or other environmental issues (such as nuts, pollen, bee stings) must be listed in the "Allergies" section of the child's registration form. Please include any reactions or treatments.

NOTE: WE ARE A NUT FREE CENTER

Inclement Weather:

- All outdoor activities and field trips are suspended during inclement weather.
- Alternate indoor activities will be offered.
- There are no refunds due to inclement weather.
- Carpool may be delayed due to inclement weather.
- SFAC will close following warnings from the National Hurricane Center and directives from Miami-Dade County to its offices/employees.

General Policies:

- South Florida Autism Center are not responsible for lost or stolen items.
- I hereby authorize South Florida Center to include my child photograph, voice, or other likeness in photographs, videos, printed, or recorded material, including but not limited to, use on the Internet and SFAC website and marketing materials. I understand further that I will not have any opportunity to approve or review the finished product that may be used in conjunction therewith or the use to which it may be applied.
- I agree to pay the program(s) fees in which my child is/are registered, including registration, processing, and late fees where applicable. If payments are not received by due date, SFAC reserves the right to institute legal action to enforce its rights, in which event, Parent(s) or Guardian(s) will be responsible for all costs of collection, including reasonable attorney's fees.
- I hereby give permission for my child to participate in all camp activities, including planned trips away from the campsite utilizing different modes of transportation.

Code of Conduct:

- I understand that participating in SFAC Summer Camp is contingent upon my child adherence to the Code of Conduct and violation of said code may result in either suspension or termination from summer camp without a refund.

Sick Policy:

- Parent/Guardians will be called to pick up participants 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 participant 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 participants, no participant will be admitted to the Center's Summer 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. Participants should not be sent back to the Camp for at least 24 hours after they are clear of fever symptoms. Participants 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 teachers to administer medications. The parent/guardian must complete a form, which is available in this packet. Teachers cannot fill out medicine forms or labels for you.

Medications:

To enable students to receive their prescribed medications during the camp 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:

- A responsible adult, accompanied by a signed and dated Emergency Card, giving the center permission to administer the medication, should bring all medication to the Office at the beginning of the day. Send only a **30-day supply** (30 school days)
- **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 center 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 center of any allergies or restrictions on non-prescription medications.

CHILD DROP-OFF/PICK-UP POLICY:

Morning Drop-Off

The Carpool Drop-off area is located at the back of the school on NW 73rd Ave. Parents are to enter through the gated entrance, loop around and exit through the same entrance. Parents are to remain in their car at all times in the drop-off line. Teachers will be in under the covered kiosk between 8:20 am and 8:30 am each morning to receive the students. A teacher will come to your car to collect your child. Teachers 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 of the school to sign them in late. Do not go directly to your child's classroom.

After-School 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.)

Teachers will be in the parking lot from 2:40pm to 3:00pm. Parents are to enter through the gated entrance, loop around and exit through the same entrance. Parents are to remain in cars at all times. Please display the student information card on the right side of your dashboard. A teacher 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 3:00 pm, they will be taken to the office until you arrive. They may not go into the after Care, as this is not a "drop-in" program. Please do not call to say you will be late and request last minute After-Care, as we will not comply with this request. A \$10.00 penalty will be charged for every 1/4 hour (or less) 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.

South Florida Autism Center, Inc.
Summer Camp Program Application

Child's Name: _____ Name called: _____

Date of Birth: _____ Grade: _____ Present age: _____ Sex: _____

Mother's name: _____ Work hours: _____

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

Father's name: _____ Work hours: _____

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

Mother's email: _____ Father's email: _____

Doctor's name & phone number: _____

Persons authorized to pick up child:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Nearest relative/neighbor to contact in case emergency contacts & parents cannot be reached:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Allergies: _____

Fears: _____

Visa: _____ Mastercard _____ Amex _____

Card Number: _____

Billing Zip Code: _____

Expiration Date: _____ Security Code: _____

Email Receipt to : _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____

**South Florida Autism Center Summer 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 Summer Camp Program
Student Photo Release**

I, _____ (Parent Name) and my child _____ (Student Name), a participant at South Florida Autism Center Inc. Summer 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