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**South Florida Autism Center, Inc.**

**After-School Care Program  
2023-2024  
Program Handbook & Application**

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**South Florida Autism Center, Inc.**

3751 W 108th ST ■ Hialeah, Florida 33018

Phone: (305) 823-2700 ■ Fax: (305) 823-2705 ■ Website: [www.sfa-center.org](http://www.sfa-center.org)

## Program Handbook

### ***Mission Statement:***

It is the intention of SFA-Center is to provide a safe, positive and enriching experience for each child enrolled in our Care Program. Our program is designed to provide parents with the option to give their children a worthwhile learning experience during teacher work days. A participant to teacher ratio of 3:1 is maintained at all times unless otherwise stated.

### **Please note, this is not a “drop-in”**

Days & Times: The SFA-Center After Care Program follows the Miami-Dade County Public Schools school- year calendar. Services are available on school days from 2:00 p.m. to 6:00 p.m. AFTER CARE SERVICES WILL NOT BE OFFERED THE LAST WEEK OF SCHOOL

## POLICIES AND PROCEDURES

### **Roles and Responsibilities of each Parent/Guardian:**

📅 Calendar will be sent home monthly via email and in child(ren)'s bookbag. It should be filled and sent back.

***If the calendar is not turned in at the end of every month. You will receive a \$25 calendar fee.***

- 📅 Timely payments of all program fees
- 📅 Participant pick up is no later than 6pm
- 📅 Complete/update the SFA Center Registration Form
- 📅 Submit the required, non-refundable registration fee of \$50

**A PARTICIPANT MAY BE DISMISSED FROM THE PROGRAM IF A PARENT/GUARDIAN DOES NOT MEET THE ABOVE RESPONSIBILITIES ON A CONSISTENT BASIS!**

**NOTE: WE ARE A NUT FREE CENTER**

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.

**Discipline Policy:**

Behaviors will be addressed on a case-by-case basis, consistent with the methodologies utilized by SFA-Center.

**Child Sign-In/Sign-Out Policy:**

Parents and/or Guardians who pick up children from the After-School Care Program must sign-out the child each day. Please note, children will only be released to individuals who are authorized to pick up and transport the child as per the emergency contact information on file.

A photo ID must be presented to pick up each student.

Attendance/Participation Policy: The SFA-Center After Care Program is not a “drop-in” program. In order to maintain our 3:1 student-to-teacher ratio, we must have adequate notice of participation in order to ensure that we have enough staff. Therefore, Parents must make arrangements one month in advance for participation in After Care services. In extreme cases, you may attempt to schedule After Care one week prior to participation; however, we cannot guarantee enrollment.

**Late Pick-Up Policy:**

**After-School Late Pick-Up Fee: \$25.00 fee if not registered in the program.**

Payment: Payment must be in the form of a 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.

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

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.

**For the After Care Program, there is a late pick-up fee of \$25.00 after 6:01 pm. For each additional 15 minutes late, the fee is charged again.**

**The City of Hialeah Police Department may be contacted if the child is not picked up by 7:00 pm.**

#### **Withdrawal Policy:**

If you wish to withdraw your child from the After Care Program, please email our Administrator at [assistant@sfa-center.org](mailto:assistant@sfa-center.org)

We will give you a one week notice for program cancellation, if payment is not paid two days after the due date.

#### **Sick Policy:**

Parents/Guardians will be called to pick up children immediately if they appear sick. Signs of illness include, but are not limited to: green mucus, 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.

Please note, if a child is sent home early from After Care, they are not to return to after care until being symptom-free for 24 hours.

Non-Registered Student: If your child is not registered for the After Care Program, he/she will not be admitted into the program.

## Billing Policy and Payment Procedures

### Fee Schedule:

#### Registration Fee: \$50.00 per family

After School Care Program Rate depends on pick up times:

3:30 pm - 4:30 pm : \$8/day

3:30 pm - 5:00 pm : \$13/day

3:30 pm - 5:30 pm : \$18/day

3:30 pm - 6:00 pm : \$23/day

The hourly fee applies for any increment of an hour. For example, a child that leaves at 3:15 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.

**To sign up for both Before Care & Aftercare services the registration fee is \$40.00 per family.**

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**South Florida Autism Charter Schools, Inc.**  
**After-School Care Application**

Child's Name: \_\_\_\_\_ Name called: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Present age: \_\_\_\_\_ Sex: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Work hours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_ Work hours: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian's email: \_\_\_\_\_

Parent/Guardian'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: \_\_\_\_\_

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### Aftercare Agreement:

This agreement is made on \_\_\_\_\_ (date) between South Florida Autism Center, IBefore-School Care Program and the Parent/Guardian, \_\_\_\_\_, of child or children enrolled:

\_\_\_\_\_  
Name & Age

\_\_\_\_\_  
Name & Age

\_\_\_\_\_  
Name & Age

\_\_\_\_\_  
Name & Age

Who reside(s) at the following address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

This agreement is made on \_\_\_\_\_ (date) between South Florida Autism Center, Inc. After-School Care Program and the Parent/Guardian \_\_\_\_\_ Of child(ren) enrolled:

\_\_\_\_\_  
Name & Age

\_\_\_\_\_  
Name & Age

Who reside(s) at the following address:

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

1. I am enrolling my child in (check all that apply):

a. \_\_\_\_\_ After School Care Program Pick-up time: \_\_\_\_\_

2. I agree to pay After-School Care, for a total of the amount of hours shown on my calendar.
3. I agree to pay this amount one month in advance, for each month that I intend to utilize the service(s).
4. I agree to pay a \$25.00 late fee if my child is not picked up on time from After-School Care. I understand that in addition to this fee, \$25.00 will be charged for every 15 minutes late.
5. I agree that any unpaid balance will be automatically charged to my Credit Card on File by the end of each month.

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6. I have read the attached policies and procedures. Until these policies are changed, I accept them as they are and agree to abide by them.

7. I read Calendar fee policy and I agree on a \$25 calendar fee charge if not turn it in on the due date.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

Date\_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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**Credit Card Authorization Form:**

Visa: \_\_\_\_\_ MasterCard \_\_\_\_\_ Amex \_\_\_\_\_

Card Number: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Email Receipt to: \_\_\_\_\_

**Parent/Guardian Signature** : \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**To sign up for both Beforecare & Aftercare services the registration fee is \$90.00 per family.**