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**South Florida Autism Center, Inc.**

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## **SATURDAY CAMP PROGRAM 2024-2025**

### **Program Handbook & Application**

**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)

### **INTRODUCTION:**

This program is offered as a community service by South Florida Autism Center. Our Saturday 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 Saturday Camp Program. Activities will include maintenance academics, art/sensory, music, and computer lab and field trips.

#### **Camp dates are as follows:**

On Saturday (DATES TBD)

**Hours of Operation:** Saturday 8:30 AM - 3:00 PM

**Hurricane Policy:** When Miami-Dade County Public Schools are closed because of hurricane or bad weather, our Center including camps and after-school programs will also be canceled. 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 WinterCamp Program. The following is required for registration:

- \$100 Registration Fee
- Emergency Contact Card
- Emergency Information Form
- Tuition Contract
- Authorization for Medication
- IEP required for a new participant

### **FEES:**

Payment can be made via Check, Credit/Debit Card

Please make checks payable to: **South Florida Autism Center** (SFAC)

Payments with CC a 3% service fee is added.

## **CHILD DROP-OFF/PICK-UP POLICY:**

### **Morning Drop-Off (8:30 am)**

The Carpool drop-off area is located in the front of the center. Parents are to enter through the gated entrance and exit through the automatic gate. Parents are to always remain in their car during the drop-off line. Teachers will be outside between 8:30 am and 8:50 am each morning to receive the participant. A teacher will come to your car to collect your child. Teachers will go inside precisely at 8:50 a.m. Participants arriving after 8:50 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.

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

Teachers will be outside from 2:40 pm to 3:00pm. Parents are to enter through the gated entrance and exit through the automatic gate. 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.
- Participants 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 pickup line to fill gaps between cars.
- Participants must enter/exit from the passenger side only.
- Please be courteous of other drivers and property owners. Do not pull off of the street onto landscaped areas. You will be responsible for any damage to landscape materials or irrigation systems.
- Do not block driveways or entrances to neighborhoods.

## **HEALTH AND MEDICAL INFORMATION:**

### **Allergies**

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 and treatments.

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

### **Sick Policy:**

Parents/Guardians will be called to pick up participants 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 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 Saturday 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 participants to receive their prescribed medications during the teacher work 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.
- 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.
- Participants are not permitted to bring non-prescription medications to school. If during the course of the day, it is necessary for a participant 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 medication

### **Registration Information**

Please complete the following program application and agreement along with a \$50.00 registration fee. Once complete, return and pay to the Administrator.

**WE MUST RECEIVE PAYMENT AND APPLICATION PRIOR TO THE COMMENCEMENT OF SERVICES.**

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## South Florida Autism Center Saturday Camp Payment 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 Saturday Program

• I agree to pay:

3:1 Ratio : \$120.00 for the Day

1:1 Ratio : \$160.00 for the Day

• I agree to pay a Registration/Evaluation Fee of \$100 per each child enrolled in the program. I understand this fee is non-refundable (payment enclosed).

• I do not expect the Center's Saturday Program to provide medical insurance for my child(ren) nor will I hold the South Florida Autism Center Spring 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.

Parent/Guardian's Print Name \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_

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

## 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: \_\_\_\_\_