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South Florida Autism Center, Inc.

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**SPRING 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 the South Florida Autism Center. Our Spring 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 before your child's admission into the Center's Spring Camp Program. Activities will include maintenance academics, art/sensory, music, and computer lab and field trips.

Dates of Operation: SFA-Center Spring Camp will be March 24th - 28th.

Camp dates are as follows:

March 2025				
M	T	W	Th	F
24	25	26	27	28

**Hours of Operation:** Monday through Friday, from 8:30 am to 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 Spring Camp Program. The following is required for registration:

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

**FEES:**

- **Program Fees are \$400.00 for a 3:1 ratio.**
- **Program Fees are \$520.00 for a 1:1 ratio.**
- Payment must be made in advance as follows:
  - o **Fees are due by Friday, March 3rd, 2025**
    - There is a Registration fee of \$100.00 for (SFACS Students)
    - (Non- SFACS) Registration fee of \$125.00 Evaluation Fee of \$75 per child. This fee is non-refundable.
- **Please make checks payable to: South Florida Autism Center or SFAC**
- Payment may also be made by credit card, money orders, and cash.

**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 are 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 front of the school. Parents are to remain in their car at all times in the drop-off line. 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 only those who have been designated on the "Emergency Information Form" by the parent or legal guardian may only pick up a child. 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 2:40 pm to 3:00 pm. 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 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.

Late Pick-Up Penalty: If your child is not picked up by 3:20 p.m., they will be taken to the center 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.

### **HEALTH AND MEDICAL INFORMATION:**

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. For the protection of all the children, no child will be admitted to the Center's Spring 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 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 camp day, the center should be contacted, and the following guidelines will be used to supervise medication administration in center:

- 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 5-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 center 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 SFA-Center. 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.

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**South Florida Autism Center, Inc.**  
**Spring Camp**  
**Program Application and Contract**

This agreement is made on \_\_\_\_\_ (Date) between South Florida Autism Center, Inc. and the Parent/Guardian, \_\_\_\_\_, with custody of \_\_\_\_\_ who resides 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 Spring Camp Program
- I agree to pay \$400.00 for the week 3:1 \_\_\_\_\_
- I agree to pay \$520.00 for the week 1:1 \_\_\_\_\_
- I agree to pay a Registration/Evaluation Fee of \$100 per child enrolled in the program. I understand this fee is non-refundable (payment enclosed).
- I do not expect the Center's Spring Camp 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 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 Signature

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

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

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

\_\_\_\_\_  
Date

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

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

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: \_\_\_\_\_

### Credit Card Authorization Form:

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

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

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

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

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

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

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

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