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South Florida Autism Center, Inc.

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**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)



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## South Florida Autism Center, Inc.

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### INTRODUCTION:

This program is offered as a community service by the South Florida Autism Center to Miami-Dade residents. Our 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, a fee increase will be determined before your child's admission into the Center's Summer Camp Program. Activities will include maintenance academics, art/sensory, music, and computer lab and field trips.

### SUMMER CAMP STAFF:

- Our staff is made up of caring individuals dedicated to ensuring each camper's experience is positive and meaningful. Some of our staff have family members who attend summer camp every year.
- Camp staff members include moms, dads, siblings, educators, college students, and young adults 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 are well trained before the start of the summer camp season ensuring they are well prepared and have lots of camp spirit.
- Our staff also go through a rigorous interview, Level 2 background check, and drug testing.

### CAMP COMMUNICATION:

- All South Florida Autism Center Fun Camp info will be sent through email. Please check your email regularly.
- If your email address changes, please provide the new address to the Summer Camp Administration in the front office or via email to [assistant@sfa-center.org](mailto:assistant@sfa-center.org)
- Daily reminders will also be sent via our **Remind101** app.

### ENROLLMENT REQUIREMENTS:

The program is available to individuals diagnosed with autism spectrum disorder(s), their family members and friends. Only children whose parents/guardians have completed the registration process may be considered for acceptance into the Center's Summer Camp Program. 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.

### REQUIREMENTS FOR REGISTRATION:

- \$100 Registration Fee if the child attends SFACS
- \$120 Registration Fee if the child does not attend SFACS + \$75 Evaluation Fee
- Emergency Contact Card
- Emergency Information Form
- Tuition Contract
- Authorization for Medication
- IEP required for new students
- Proof of residence in Miami-Dade County**

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### FEES:

- Program Fees are \$150/Week for a 3:1 ratio.
- Participants must enroll for a minimum of one 4-week session.
- Payment must be made in advance as follows:
  - Registration Fee is due at the time of application submission
  - Payments can be made
    - Weekly - Due every Friday (Week prior)
    - Bi-Weekly - Due every other Friday (Two weeks prior)
    - By Session
      - **Session #1 fees are due by May 23, 2025**
      - **Session #2 fees are due by July 3, 2025**
- **Please make checks payable to: South Florida Autism Center or SFAC**
- **Payment may also be made by credit card, money orders, or online via Quickbooks**
- Each registration form must be accompanied by the registration fee
- A 25% sibling discount is applied and deducted from the lower of the camp fees.
- The completed Application and payment must be turned in no later than May 24th, 2024
  - \*A 3.5% service fee is added to each charge for debit and credit cards.

### PAST DUE ACCOUNT POLICY:

DEBIT/CREDIT CARD: Parents/Guardians will be responsible for restitution on declined credit cards, including fees and service charges. Another credit card will be accepted.

CHECKS: Parents/Guardians will be responsible for restitution on returned checks, including fees and service charges. Pay must be made in full within five (5) days or other arrangements made to ensure the child is eligible to attend.

### SPECIAL SERVICES:

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.

### REGISTRATION AND APPLICATION CHANGES:

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

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### **PROOF OF RESIDENCY IN MIAMI DADE:**

Ensuring the safety and well-being of our campers is our top priority, and accurate record-keeping plays a crucial role in this process. Therefore, we kindly request that all parents and guardians provide proof of residence in Miami-Dade County when completing the registration process for your child.

Acceptable forms of proof of residence include

- Utility bills (water, electricity, gas) from the last two months.
- Rental or lease agreements with a Miami-Dade County address.
- Mortgage statements for properties within Miami-Dade County.
- Official government correspondence (e.g., tax documents, voter registration) with your Miami-Dade County address.

Please submit a clear copy or photo of the relevant documentation during the registration process. Rest assured that this information will be kept confidential and used solely for verification purposes.

### **REFUND AND CANCELATION POLICY:**

- Refund requests must be made in writing to the South Florida Autism Center Executive Director/CEO before May 30th, 2025
- All refunds will be subject to a \$75 processing fee and a non-refundable registration fee per child.
- Camp fees are **NONREFUNDABLE** after May 30th, 2025, 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:**

At SFA-Center, we prioritize positive reinforcement and the development of appropriate social and adaptive behaviors. Community-Based Instruction (CBI) and field trips serve as valuable reinforcers and learning opportunities for our students. Participation in these outings is based upon a student's behavior leading up to the scheduled event.

Behavioral Expectations & Reinforcement

Field trips and CBIs function as contingent reinforcers. Students must demonstrate appropriate behaviors in the days leading up to the trip to earn participation. Behaviors that may impact eligibility include, but are not limited to:

- Engaging in unsafe or disruptive behaviors that interfere with learning or community participation.
- Repeated instances of non-compliance despite individualized support.
- Physical aggression, elopement, or other behaviors that pose a risk to the student or others.

Parent Communication & Decision-Making

SFA-Center will regularly monitor student behavior and provide necessary support and interventions to help students succeed. If a student is not meeting behavioral expectations, parents/guardians will be notified in advance. Decisions regarding participation will be based on data collection, behavior tracking, and staff observations.

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

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### GENERAL POLICIES:

- South Florida Autism Center is not responsible for lost or stolen items.
- Parents/Guardians agree to pay the program(s) fees in which their child is/are registered, including registration, processing, and late fees where applicable. If payments are not received by the due date, SFAC reserves the right to institute legal action to enforce its rights. In this event, the Parent(s) or Guardian(s) will be responsible for all costs of collection, including reasonable attorney's fees.
- Parents/Guardians permit their child/children to participate in all camp activities, including planned trips away from the campsite utilizing different modes of transportation.

### 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.

We will make every effort to promptly notify parents in the event of a breakout of contagious illness.

- If a participant has 3 or more cases of diarrhea at camp, parents/guardians will be notified. They will be asked to pick up participants immediately, and should not be sent back to the Camp for at least 24 hours after they are clear of diarrhea.
- If a participant has a temperature of concern for the protection of all the participants, no participant will be admitted to Camp while he/she has a temperature. Participants should not be sent back to the Camp for at least 24 hours after they are clear of fever symptoms.
- If a participant becomes sick and vomits, parents/guardians will be notified. They will be asked to pick up participants immediately, and should not be sent back to the Camp for at least 24 hours after they are clear of vomiting.

### MEDICATION POLICY:

Parents must furnish medicine and adhere to the procedures listed below for camp staff to administer medications.

To enable students to receive their prescribed medications during the center 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 center day, the center should be contacted, and the following guidelines will be used to supervise medication administration in the center:

- 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 center permission to administer the medication. Send only a 5-day supply (5 camp days)
- The medication must be in the original container, with a prescription label that includes the following information: the child's full name, name of the 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 designated by the director distributes medication in all circumstances.
- Students are not permitted to bring nonprescription medications to the center. If during the day, it

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is necessary for a student to receive nonprescription 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 nonprescription medications.

### **PARENT/GUARDIAN'S MEDICATION AGREEMENT:**

- I understand that if medical forms are not completed by the child physician dated after August 14, 2024, and turned into the SFAC Admin Office before May 30th, 2025, the SFAC has the right to refuse entry to camp with no refund.
- All medications must be indicated on the health form and 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 9 am-5 pm.
- The health history provided to the Camp of my child is correct as far as I know, and the child that I have registered has 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 a 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, and 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**

### **ABSENCE: POLICY:**

**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.

### **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 9:00 a.m. Students arriving after 9:00 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/email 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:**

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- Exercise caution at all times and be alert for pedestrians and bike riders. Yield to pedestrians and bike riders at all times.
- Please refrain from using mobile devices while on our campus if you are behind the wheel of a vehicle.
- 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 to 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 3:00 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. Aftercare program available upon request.

### **CAMP SCHEDULE:**

Morning Carpool: 8:30 AM - 9:00 AM

Afternoon Carpool: 2:30 PM - 3:00 PM

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**SUMMER FUN CAMP 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 the 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: \_\_\_\_\_

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

- Before Care
- After Care
  - 4:00 PM
  - 5:00 PM

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### GETTING TO KNOW YOUR CAMPER

#### SENSORY SKILL:

Which best describes the student's hearing?

- Normal
- Mild/Moderate
- Severe/Profound Loss
- Sensitivity to Noise

Does the student use a hearing aid?

- Yes
- No

Which best describes the student's vision?

- Fully sighted
- Moderate impairment
- Severe
- Blind

#### COMMUNICATION:

Check the responses that best describe the student's method of communication:

- Speak
- Uses signs or communication device
- Uses gestures, vocalizations
- Unable to communicate

#### AMBULATION:

- Walks Independently
  - Unsteady Gait
  - Walks with Physical Assistance
  - Requires Use of a Wheelchair
  - Uses Other Adaptive Equipment to Ambulate (If yes, please describe)
- 

#### SOCIALIZATION:

Indicate accordingly: 1. Never 2. Sometimes 3. Often 4. Always

- |                                   |  |
|-----------------------------------|--|
| _____ Interacts with others       | _____ Displays affection appropriately |
| _____ Maintains Friendships       | _____ Greets appropriately             |
| _____ Occupies self independently | _____ Is Cooperative                   |
| _____ Initiates conversation      | _____ Accepts limitations              |
| _____ Controls temper             |  |



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GETTING TO KNOW YOUR CAMPER

Please include any other special socialization information that you consider important for the staff to be aware of

Three horizontal lines for text entry.

SELF CARE:

Indicate accordingly: 1. Independent 2. Needs Supervision 3. Needs Assistance 4. Completely dependent

\_\_\_ Eating \_\_\_ Dressing \_\_\_ Toileting \_\_\_ Bathing / Shower

\_\_\_ Tooth brushing \_\_\_ Shaving \_\_\_ Menses

Please include any other special self-care information that you consider important for the program staff to be aware of.

Three horizontal lines for text entry.

BEHAVIOR PROFILE:

Indicate frequency 0=Never 1=Daily 2=Weekly 3=Monthly 4=Every 3 Months 5=Every 6 Months

- \_\_\_ Physically Assaultive \_\_\_ Pica
\_\_\_ Self-Injurious \_\_\_ Withdrawn
\_\_\_ Fire Setting \_\_\_ Sleeping Disorders
\_\_\_ Eating Disorders \_\_\_ Wanders
\_\_\_ Temper Tantrums \_\_\_ Non-Compliance
\_\_\_ Destroys Property \_\_\_ Elopement
\_\_\_ Enuresis \_\_\_ Impulsive
\_\_\_ Mood Changes \_\_\_ Hyperactive

Please indicate other pertinent information related to unusual or maladaptive behaviors and/or psychiatric symptoms (i.e, how often do behaviors/symptoms occur?)

Three horizontal lines for text entry.



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**CAMPER'S MEDICAL HISTORY:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

In case of emergency contact:

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of Person: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Allergies:**

- No known allergies
- Foods: \_\_\_\_\_
- Medicine: \_\_\_\_\_
- Environment (ex. Insects, grass): \_\_\_\_\_

**Medication:**

- Will not take any daily medications while attending camp
- Will take the following daily medications while attending camp

“Medication” is any substance a person takes to maintain and/or improve their health. This includes vitamins & natural remedies. **Please review camp instructions about the required packaging/containers.**

Name of Medication	Date Started	Reason for taking it	When it is given	Dose given	How it is given



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### CAMPER'S MEDICAL HISTORY:

#### Diet/Nutrition:

- A regular diet
- Vegetarian diet
- Lactose intolerance
- Gluten intolerance
- Other: \_\_\_\_\_

#### General Health History: Check all that apply and explain below

- Ever been hospitalized  
\_\_\_\_\_
- Ever had surgery  
\_\_\_\_\_
- Have recurrent/chronic illness  
\_\_\_\_\_
- Had a recent infectious disease  
\_\_\_\_\_
- Recent Injury  
\_\_\_\_\_
- Has/had asthma  
\_\_\_\_\_
- Diabetes  
\_\_\_\_\_
- Wear glasses, contacts, protective eyewear  
\_\_\_\_\_
- Fainting or dizziness  
\_\_\_\_\_
- Constipation  
\_\_\_\_\_
- History seizures
- Diagnosed with Epilepsy

(Please describe seizures and medication procedure if applicable):

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#### Health Care Provider:

Name of primary care doctor(s): \_\_\_\_\_ Phone #: \_\_\_\_\_

Address:

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**What have we forgotten to ask? Please provide in the space below any additional information about the camper's health.**

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**SUMMER FUN CAMP AGREEMENT:**

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

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

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

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

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

Who reside(s) at the following address:

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

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. (Please check all policies)

- Enrollment Requirements
- Requirements for registration
- Fees
  - 3:1 ratio: \$150/week
- Past due account policy
- Special Services
- Registration and application changes
- Refund and cancellation policy
- Field trip policy
- General Policies
- Sick Policy
- Medication Policy
- Medication Agreement
- Food policy
- Absence Policy
- Drop-off/Pick-up Policy
- Proof of residency

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
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: \_\_\_\_\_

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