



South Florida Autism Center, Inc.

**After-School Care Program
2025-2026
Program Handbook & Application**

South Florida Autism Center, Inc.

3751 W 108th ST ■ Hialeah, Florida 33018

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Program Handbook

Mission Statement:

It is SFA-Center intention 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. AFTERCARE SERVICES WILL NOT BE OFFERED THE LAST WEEK OF SCHOOL

POLICIES AND PROCEDURES

Roles and Responsibilities of each Parent/Guardian:

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

If the calendar is not turned in at the end of every month. You will receive a \$50 calendar fee.

- 📅 Timely payments of all program fees
- 📅 Participant pick-up is no later than 6 pm
- 📅 Complete/update the SFA Center Registration Form
- 📅 Submit the required, non-refundable registration fee of \$100

A PARTICIPANT MAY BE DISMISSED FROM THE PROGRAM IF A PARENT/GUARDIAN DOES NOT MEET THE ABOVE RESPONSIBILITIES CONSISTENTLY

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 Guardians who pick up children from the After-School Care Program must sign-out the child each day. Please note, that 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. To maintain our 3:1 student-to-teacher ratio, we must have adequate notice of participation 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: \$50.00 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 \$50.00 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 adt@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: \$100.00 per family

After School Care Program Rate depends on pick-up times:

3:30 pm - 4:30 pm : \$11/day

3:30 pm - 5:00 pm : \$15/day

3:30 pm - 5:30 pm : \$19/day

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

The hourly fee applies for any increment of an hour. For example, a child who leaves at 3:15 pm will be billed for the entire hour, from 3:00 to 4:00 pm. We must do this 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 \$90.00 per family.

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: _____

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 \$50.00 late fee if my child is not picked up on time from After-School Care. I understand that in addition to this fee, \$50.00 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.

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 the Calendar fee policy and I agree on a \$50 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

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 Before Care & Aftercare services the registration fee is \$90.00 per family.