



South Florida Autism Center, Inc.

WINTER CAMP PROGRAM
2025-2026
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

INTRODUCTION:

This program is offered as a community service by 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 prior to your child's admission into the Center's Winter Camp Program. Activities will include maintenance academics, art/sensory, music, and computer lab and field trips.

Dates of Operation: SFA-Center Winter Camp will be December 26th - January 5th.

Camp dates are as follows:

December 24 - January 3				
M	T	W	Th	F
21	22	23	24	25
28	29	30	12	2

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 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 new students

FEES:

- **Program Fees are \$480 for a 3:1 ratio.**
- **Program Fees are \$624 for a 1:1 ratio.**
- Payment must be made in advance as follows:

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- **Fees are due by Monday, November 27th, 2023**
- There is a Registration fee of \$100.00 for (SFACS & SFA-Center Students)
- (Non- SFACS) Registration fee of \$125.00 Evaluation Fee of \$75 per child(If applicable). 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 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 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 3:00 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.

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 WinterCamp 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 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 the 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 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.

South Florida Autism Center, Inc.
Winter 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 reside at the following address:

Address: _____ City: _____ Zip: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

- I enroll my child(ren) in the South Florida Autism Center's WinterCamp Program
- I agree to pay \$480 for the week 3:1 _____
- I agree to pay \$624 for the week 1:1 _____
- I agree to pay a \$100-\$125 Registration/Evaluation Fee per each child enrolled in the program. I understand this fee is non-refundable (payment enclosed).
- I do not expect the Center's WinterCamp Program to provide medical insurance for my child(ren) nor will I hold the South Florida Autism Center Winter Camp Program, Director, or staff liable for injuries that 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 Signature

Print Name

Parent Signature

Print Name

Child's Name: _____ Name called: _____

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:

Visa: _____ MasterCard _____ Amex _____

Card Number: _____

Billing Zip Code: _____

Expiration Date: _____ Security Code: _____

Email Receipt to: _____

Parent/Guardian Signature: _____

Date: _____

Print Name: _____