



MAKING FRIENDS AFTER SCHOOL PROGRAM GUIDELINES

Policies, Practices, and General Information

Miami-Dade County Residents

Funding Provided By:



18900 NE 25th Avenue, North Miami, Florida 33180
Phone: 305-466-1142 * Fax: 305-466-1143
www.victorycenterforautism.org

INTRODUCTION:

This program is offered as a community service by The Victory Center for Children with Autism and Behavioral Challenges. Funding is generously provided by The Children's Trust of Miami-Dade County, Florida. **Only Miami-Dade County residents are eligible for this particular After School Program.**

The Making Friends After School Program is intended to be a high quality program that provides instruction in a 2:1 student-to-teacher ratio, with Teacher/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-teacher ratio. At this time, an increase of fees will be determined prior to your child's admission into the Making Friends After School Program. Curriculum will be based on a modified version of The ABLLS and subjects will include Literacy, Fitness Skills (ABLLS-based therapy), Art/Sensory, and Computer Lab.

MAKING FRIENDS AFTER SCHOOL PROGRAM HOURS:

The Making Friends After School Program operates Monday through Friday from 2:30 to 6:00 pm. It is not a drop-in program. If you intend for your child to participate only on select days, you may enroll them in our Non-Trust Funded After School Program. You may refer to the enclosed School Calendar for days of operation. Please note, on days that The Victory School is closed, or has marked as early release, there will be no After School Program.

CLOSING POLICY:

Holidays: The Making Friends After School Program will be open Monday through Friday from August 24, 2009 through June 9, 2010. Please refer to the enclosed School Calendar for days of operation. The program will be closed on all days that school is not in session.

Hurricane Policy: When Miami-Dade County Public Schools are closed because of weather, the After School Program will also be cancelled. You may call the school, or refer to the Miami-Dade County Public School website for school closure due to hurricane activity.

ENROLLMENT REQUIREMENTS:

1. The program is available to children between the ages 5 to 15, diagnosed with autism spectrum disorder(s). Only children whose parents/guardians have completed the registration process may be considered for acceptance into the After School Program:
 - [] Making Friends Emergency Information Form
 - [] Making Friends After School Tuition Contract
 - [] The Children's Trust Child Information Form
 - [] The Children's Trust Authorization for Photography/Video Form
 - [] \$100 Registration Fee
 - [] Pre-payment for First Month of After School Care (\$150)
2. When the Making Friends After School Program is at maximum capacity, parents may place their child(ren) on a waiting list and be notified on first come, first served basis.

3. All children in the Making Friends After School Program must have proof of full coverage insurance.

FEES:

- **Program Fees** are \$150 per month, which will be invoiced on a monthly basis. The first payment is due the first week of After School no later than Monday by 5:00pm.
- There is a Making Friends After School Registration Fee is \$100 per child per school year and it is required at time of registration. This fee is non-refundable.
- **Please make checks payable to:** The Victory Center.

Past Due Accounts and Returned Checks:

Program participants agree to pay any cost incurred by The Victory Center for the collection of past due balances, including without limitation, attorney fees and costs charged by the collection agency. If the Making Friends After School Program services will be paid by check, the check writing portion of the Tuition Contract must be completed. Parents will be **notified in writing** when an account is overdue. If payment is not made in full within five (5) days or other arrangements made, the child will be ineligible to attend.

Late Payment Penalty:

Payment is required in advance of services being rendered on a monthly basis. A **\$25.00** late fee will be added to your balance on the last day of the week being Friday of that same week.

CHILD DROP-OFF/PICK-UP POLICY:

You must sign your child in and out when dropping off and picking up your child. If your child is a Victory School student, his/her teacher will sign in the child. If you are picking up a child, please come into the After School Care Program. After School Care (2:30 – 6:00pm) requires you to sign your child out each day. A child may only be picked up by people who have been designated on the "**Emergency Information Form**" by the parent or legal guardian. 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.

Late Pick-Up Penalty:

A \$11.00 penalty will be charged for every ½ hour (or less) a child is kept after 6:00pm. This charge will be added to your next invoice. **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:

For the protection of all the children, no child will be admitted to the After School Program 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 After School Program 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 teachers to administer medications. The parent/guardian must complete

18900 NE 25th Avenue, North Miami, Florida 33180

Phone: 305-466-1142 * Fax: 305-466-1143

www.victorycenterforautism.org

a form, which is available in the Making Friends After School Program Packet. Teachers cannot fill out medicine forms or labels for you.

For prescription medication/lotions and foods supplements:

Parents must fill out and sign the appropriate portion of the Request for Administration of Medication form. Medication and food supplements must be brought in the original container that has a prescription label with the child's name, dosage amount/frequency, duration of medical treatment, and prescribing doctor's contact information clearly marked on it. If for any reason the medication does not have a prescription label, such as in the case of samples given by the doctor's office, the child's doctor must fill out and sign the appropriate portion of the Request for Administration of Medication form. Parents must inform their child's teacher and the Director in writing about the medication and what it is being used for, and demonstrate any special procedures required to administer, if necessary. At the end to the treatment period, the medication container (and any remaining medication, if applicable) will be returned to the parent, or safely discarded by the Center.

For non-prescription (over the counter) medication and lotions, not including sunscreen:

Medication must be brought in the original container, clearly marked with their child's name. If the dosage to be given to the child is in any way different from the standard directions on the medication (such as a smaller dosage because the child is smaller in height/weight than other children of his/her age), the child's doctor must fill out and sign the appropriate portion of the Request for Administration of Medication form. Parents must inform their child's teacher and the Director about the medication and what it is being used for, and demonstrate any special procedure required to administer, if necessary. Non-prescription medication can be administered for a maximum of three days, topical lotion for skin ailments for a maximum of 14 days. If a longer treatment period is necessary, procedures for Prescription Medication administration will be in effect (including requiring permission/signature of the child's doctor). At the end of the treatment period, the medication container (and any remaining medication, if applicable) will be returned to the parent, or safely discarded by the Center.

In the event of a minor accident/injury (bumps, scrapes, bruises, etc.):

Staff will administer First Aid as necessary, and comfort the child. Staff will make sure all other children are properly supervised, in no danger of harming themselves, and are not interfering with the care for the injured child. A staff member who witnessed it, signed by the reporting staff member and the Director, will fill out an Incident/Injury Report Form detailing the incident. The injured child will be monitored through the rest of the day to make sure there are no additional concerns/complaints as a result of the injury. If another concern arises, teachers and the Director will determine if additional treatment is necessary or if the child's parent should be contacted. Parents must review and sign the Incident/Injury Report Form when they arrive to pick up their child at the end of the day, and a copy of the form will be given to them.

**The Making Friends After School Program
Emergency Information**

Child's Name: _____ Name Called: _____

Date of Birth: _____ Present Age: _____ Sex: _____ (H) Phone: _____

Approximate time child will be picked up: _____

Address: _____ City: _____ Zip: _____

*Household Email: _____ (*required)

Mother Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's name & phone number: _____

Nearest Relative or neighbor to contact in emergency if parents cannot be reached:

Name: _____ (H) Phone: _____ (W) Phone: _____

Name: _____ (H) Phone: _____ (W) Phone: _____

Person authorized to pick up child. (Child can only be picked up by persons on this list)

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Additional person living or working in home: (include siblings)

_____	_____	_____
Name & Age	Name & Age	Name & Age

Allergies _____ Fears _____

Any health problems? _____ Medication required? [] Yes [] No

Medication taken regularly _____

Relate any information which you think would be of help to the staff. _____

**The Making Friends After School Program
Tuition Contract**

This agreement is made on _____ (Date) between The Victory School's After School Program and the Parent/Guardian, _____, with custody of _____ who reside at the following address:

Address: _____ City: _____ Zip: _____

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

1. I enroll my child(ren) for the The Victory School's After School Program (funded by The Children's Trust of Miami-Dade County).
2. I agree to pay \$150 for this service in advance by check each month.
3. I agree to pay a \$25 late fee if my payment is not received on time.
4. I agree to pay a registration fee of \$100 per each child enrolled in the program. I understand that the registration fee is due each school year at the time of registration and my child is not considered enrolled until the fee is received.
5. I do not expect the After School Program to provide medical insurance for my child(ren) nor will I hold the After School Program, Director or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance.
6. 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.

Child(ren) enrolled:

Name & Age

Name & Age

Name & Age

Name & Age

Please complete information for anyone who may pay the After School Program Fees by check (payable to The Victory School).

Name _____ Date of Birth _____ SS# _____

Driver's License # _____ State _____

Name _____ Date of Birth _____ SS# _____

Driver's License # _____ State _____

Parent/Guardian Signature: _____ Date: _____



Child Information Form

Child's*: Last Name _____, First Name _____ Middle Initial _____

Mother's: Last Name _____, First Name _____ Middle Initial _____

Father's: Last Name _____, First Name _____ Middle Initial _____

Does child live with a legal guardian other than mother or father? Yes No

If yes, **Guardian's:** Last Name _____, First Name _____ Middle Initial _____

Street Address* _____ **City*** _____ **ZIP Code*** _____

Parent/Guardian Phone _____ **Work Phone** _____ **Email** _____

Child's Gender* Male Female **Child's Date of Birth (mo/day/yr)*** _____

Child's Race*: American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, please specify _____

Child's Ethnicity*: Hispanic Haitian Other, please specify _____

Child's Country of Origin: _____

Is Child Proficient in English?* Yes No

Additional/Other language(s) spoken in the home*: Spanish Haitian-Creole Other _____

Child's Social Security number*: _____ No SSN; prefer not to give SSN

MDCPS ID Number*: _____ No MDCPS ID; prefer not to give MDCPS ID

Child's Current Grade*: _____ **Child's Current School*:** _____

Does child have health insurance (ex., private insurance, KidCare, Medicaid)?* Yes No
(If not, The Children's Trust may be able to help you find affordable coverage—call 211)

Does child have a documented disability?* Yes No

- If yes, do you have (check all that apply):*
- an Individualized Family Service Plan (IFSP; if under 3 years old)
 - an Individualized Education Plan (IEP) from the school system
 - a Section 504 Plan
 - a medical diagnosis from a doctor
 - a diagnosis by a state certified/licensed professional (ex., psychologist)
 - disclosed by the parent or guardian describing the child's specific condition and/or need for accommodations

If yes, how would you best classify the type(s)? (check all that apply):

- Autism Spectrum Disorders
- Chronic Medical Condition
- Developmental Delay (under 5 only)
- Emotional and/or Behavioral Disorder
- Hearing Impairment (or deaf)
- Intellectual Disability (or mental retardation)
- Learning Disability
- Physical Disability
- Speech/Language Impairment
- Visual Impairment (or blind)
- Other Disability _____

I give my permission for this information to be submitted to The Children's Trust for program monitoring and evaluation purposes.

PARENT/GUARDIAN SIGNATURE*: _____ **DATE:** _____

For Staff Use Only (MUST BE COMPLETED)

ORGANIZATION: The Victory Center for Autism SITE LOCATION: The Victory Center for Autism After Care

*Required fields

Revised 07/09



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

I, _____, the parent or guardian of _____ hereby authorize and give consent to service providers and the staff of The Children's Trust of Miami-Dade County as follows:

I hereby:

consent and authorize or **do not consent and authorize**

the staff of The Children's Trust of Miami-Dade County to take/use still photographs, digital photographs, motion pictures, television transmission, and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any such Recordings may reveal your identity through the image itself without any compensation to you, your children or wards.

Any and all Recordings taken of you, your children or wards shall be the sole property of The Children's Trust.

With regard to the use of any Recordings taken of you, your children or wards, you hereby waive any and all present and future claims you may have against The Children's Trust of Miami-Dade County, their staff, service providers, employees, agents, affiliates and Board members.



The Children's Trust of Miami Dade
3150 SW 3 Avenue (Coral Way)
Miami, Florida 33129
305-571-5700
www.thechildrenstrust.org
1/31/2008

STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS FROM PARTICIPANTS IN PROGRAMS FUNDED BY THE CHILDREN'S TRUST

Florida Law requires The Children's Trust of Miami-Dade to state in writing the purposes for which it collects social security numbers and to provide a copy of that statement of purpose to individuals from whom it collects social security numbers. Since this program is funded in whole or in part by The Children's Trust, this agency may share with The Children's Trust the social security number of an individual child or youth who participates in the program or service. This document signifies notice to you that the social security number of the program participant may be provided to The Children's Trust.

The Children's Trust of Miami-Dade collects the social security numbers of child participants of funded programs and services for the following purposes:

- To research, track and measure the impact of The Children's Trust's funded programs and services so that these programs and services may be maintained and improved in the future (individual identifying information will not be disclosed).
- To identify and match individuals and data within and among various systems and other agencies for research purposes.

The Children's Trust does not collect social security numbers for adult participants.