



MAKING FRIENDS
SUMMER CAMP
PROGRAM GUIDELINES
Policies, Practices, and General Information

June 18-August 3, 2012

The Victory Center for Autism and Behavioral Challenges
18900 NE 25th Ave.
North Miami Beach, FL 33180
Phone: 305-466-1142 Fax: 305-466-1143
www.thevictoryschool.org office@thevictoryschool.org

Admission Criteria

While we try to serve a broad range of young people, we may not be able to place all applicants. Admission decisions are based primarily on our ability to be of value to your child.

To apply for admission, please:

1. Complete the application packet and submit along with the \$100 registration fee (non-refundable)
2. Obtain and submit transcripts, IEPs, work samples, behavioral background, etc
3. Complete the required assessment (\$50) at which you and your child can meet with us.
4. Remit payment in full upon first day of the summer camp if admitted

In all cases, final acceptance and group placement are subject to evaluation of a complete application. Factors considered vital in making the appropriate admission decision include: age, maturity (physical & social development), diagnosis, and behavioral needs. After evaluation by TVC professional staff, proper group placement will be determined. Evaluation of **accepted applicants** upon enrollment into the Making Friends Summer Camp may result in changes in group placement after the student has attended the Making Friends Summer Camp for a period of time.

Factors assessed for final decision on appropriateness of placement/admission:

- Currently experiencing an emotional and/or behavioral disorder that has been diagnosed by a licensed psychiatrist or psychologist that cannot be sufficiently addressed at our school
- Medical conditions requiring administration of medication during school hours
- Behaviors are too severe/frequent/intense to be addressed at a 1:1 ratio in a school setting
- Behaviors are too severe/frequent/intense to be addressed in a less restrictive setting
- Disorder/behaviors are severe enough that round-the-clock supervision is required to manage the behaviors
- Outpatient interventions have been unsuccessful
- Community resources do not meet the needs of the student
- Residential treatment is expected to improve the condition of the student
- Current danger to self and/or others above what we are able to address in a school setting
- Typical students with a history of juvenile justice offenses
- Individuals with a history of severe trauma
- Truancy from school
- Evidence of substance abuse or dependency

INTRODUCTION:

This program is offered as a community service by The Victory Center for Children with Autism and Behavioral Challenges. The Making Friends Summer Camp Program is intended to be a high quality program that offers fun, engaging, enriching activities for the participants including literacy, physical fitness, social skills development, proper nutrition, and family involvement, as well as emotional and behavioral support. Our Summer Camp is designed for children with autism and services are provided in a 2:1 student/teacher ratio.

SUMMER CAMP PROGRAM HOURS:

The Making Friends Summer Camp Program operates Monday through Friday from 8:00 am to 2:20 pm from June 11th to July 27th, 2012. Please refer to our school calendar for days of operation and holidays.

CLOSING POLICY:

Holidays: The Making Friends Summer Camp Program will be open Monday through Friday from June 11, 2012 through July 27, 2012. Please refer to the enclosed Summer 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 Making Friend's Summer Camp 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 16, diagnosed with autism spectrum disorder(s). Only children whose parents/guardians have completed the registration process may be considered for acceptance into the Summer Camp Program:
 - Full Application Packet
 - Behavior Management Plan Signature Sheet (page 13)
 - Manual Signature Sheet (page 14)
 - Picture of Child
 - The Child Information Form (page 15)
 - Summer Camp Tuition Contract (page 16)
 - \$100 Registration Fee
 - Emergency Information Form (page 17)
 - Medical Update Form (page 18)
 - Emergency Medical Authorization Form (page 19)
 - Medication Dispensing Information (page 20)
 - Waiver and Release of Claims (page 21)
 - Permission To Dispense Medication (page 22)
 - Sick Student Policy (page 23)
 - Return After Hospitalization (page 25)
 - Child Pick-Up Authorization Form (page 26)
 - Confidentiality Agreement (page 27)
 - Authorization for Photography/Video Form (page 28)
 - Nut Free Policy (page 29)
 - Transportation Authorization (page 31)
 - JCC Parking Permit (page 32)
2. When the Summer Camp 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 Summer Camp Program must have proof of full coverage insurance.

FEES:

- **Program Fees** are \$3,600.00 for the summer at a 2:1 ratio. If it is deemed necessary to have a 1:1 ratio, the fee will be \$5425.00. The full fee is due by check or money order the first day the camp commences. The enrollment fee is due when the application is submitted. There is an **Enrollment Fee** of \$100 per child per school year and it is required at time of registration. This fee is non-refundable. A \$50 **Assessment Fee** is also due along with the enrollment fee at the time of registration. An assessment is mandatory for all applicants prior to acceptance into the camp.
- **Please make checks payable to:** The Victory School.

Past Due Accounts and Returned Checks:

Program participants agree to pay any cost incurred by The Victory School for the collection of past due balances, including without limitation, attorney fees and costs charged by the collection agency. If Summer Camp 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. 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:

Drop-off - To make it convenient for parents, teachers will be waiting at the foot of the playground from 8:00 am to 8:10 am to pick up children. If you arrive after 8:10 am you will have to park your car in the parking lot, bring your child to the school office and wait there until a teacher can come from the classroom to pick up your child. You must sign your child in and out when dropping off and picking up your child. Please do not take your child to the classroom if he or she is late as this can be very disruptive to the other children. Cars cannot be driven past the gate and up to the school. Office staff can not come out to the parking lot to pick up children who arrive late so please do not call from your car to request this. Please note that under no circumstance is any student allowed to walk from the parking lot to the office without the company of a parent if the child is dropped off late. If you arrive early, it is required you remain with your child until the teachers arrive to take your child into our care. A violation of this policy will result in further disciplinary action.

Pick-up - Children will be brought to the carpool line by 2:20pm – 2:30 pm for pick up. If you arrive after 2:30 pm you will have to park your car and walk to the administration office to pick up your child. **We strongly urge all parents to be on time in the morning and for afternoon pick up. If you see you will be late, please call so your child can wait in the classroom and to avoid any unnecessary confusion of returning to school after leaving.** If you are picking a child up early, please come into the Summer Camp Program Administration Office. A child may only be picked up by individuals 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 – If you arrive after 2:30 pm, a \$30 charge will be applied, and an additional \$30 charge for every 15 minutes thereafter. **If you are chronically late picking up your child/children, after the third offense they may be dropped from the program.**

Security - Only individuals listed in your enrollment papers will be permitted to take your child home. If a substitute is going to pick up your child, a written letter of consent signed by the parent must be provided to the Educational Director prior to the child being picked up. That letter will be valid for that date ONLY.

Car pool area conduct - With the distractions of the children and the presence of other parents, the car pool line is not the appropriate place for in depth discussions regarding program suggestions or concerns you may have. Your child will have a notebook in which his or her teachers will record each day's activities and report on your child's responses. This notebook is the most efficient and effective means of daily communication we have found. You are responsible for reviewing and signing it each night. The teachers review your comments every morning and discuss them with their Lead Teachers and with Education Director. If you would like to address a concern or make a suggestion, please schedule an appointment with the School Secretary.

Sick Policy

Occasionally, your child may become ill and unable to attend school. Please phone the Administration Department at 305-466-1142 ext. 201 or the Educational Director at ext. 203 to notify The Victory Center that your child will be out for the day. This allows the Educational Director to more efficiently schedule teacher staffing and modify class schedules for that particular day.

We understand that it is difficult for working parents to stay at home with a sick child. In an effort to control illness amongst other children, teachers, and possible pregnant or nursing staff members/teachers, in conjunction with the State of Florida Department of Children and Family Services, as well as the Center for Disease Control (CDC), **please do not send your child to school with the following symptoms:**

- Communicable diseases, such as measles, mumps, chicken pox, scarlet fever, whooping cough, etc...
- Head Lice (Child must be free of lice and nits before returning to school.)
- Symptoms of pink eye (watery eyes, discharge, pink/redness) or any type of skin rash
- Swollen glands with runny nose, runny nose with green or yellow mucus discharge, deep coughs (especially when spitting up phlegm), redness around ears (possible ear infection), unexplained rash, vomiting, fever of 100 degrees Fahrenheit or more.
- Bloody nose or any open skin lesions.
- Diarrhea. If your child has more than one loose stool, he or she will be sent home.
- Seizures. If your child shows symptoms or has a seizure at school, he or she must be sent home. The policy for Seizures is due to not having a nurse or medical staff on the premises.

If your child becomes ill during the day and is found to have any of the above mentioned symptoms which may result in infecting another child or staff member, we will separate your child from the others the best we can until you, the parents, are notified and your child is picked up. We do not have a room in which sick children can rest or a school nurse so you are expected to pick up your child within **ONE** hour after being notified.

Returning to School

If you can present a doctor's note stating the specific symptoms your child was sent home with are not contagious, except if the symptoms were diarrhea and/or a fever, your child may return the same day **BEFORE NOON**. Otherwise, due to our classroom schedules, afternoon activities, and staff assignments the remainder of the day, the child may return **the following day**. **Please Note: Children without a doctor's clearance are to remain out of school the following school day and are only to return when symptoms are no longer present. The child must remain out for at least one full day, not including the day they were sent home.** A physician's note may be required for your

child to return at the discretion of administration even if they were out of school the following day, depending on the seriousness of the illness and any symptoms present when they are dropped off at car pool.

Doctor's Note

For your assistance, we have created a form to be filled out by the physician to ensure the clearance clearly states the symptoms being assessed and whether they are or are not contagious. We cannot accept notes from a doctor simply stating "May return to school". Please note that if the child is returned the following day with a doctor's note, it is up to the discretion of the school to determine if the child appears well enough to be present as per the CDC recommendations outlined below.

Emergency Contacts

If a parent cannot be reached, the Educational Director will contact those persons on your child's emergency list. Please be prepared for such situations and make arrangements ahead of time. Please keep all emergency and work numbers current. We would greatly appreciate your cooperation in keeping all of our students and teachers healthy and safe. This will enable our teachers to be more productive with the children.

CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

Sick individuals should avoid contact with others. Keeping those with a fever at home may reduce the number of people who get infected, since elevated temperature is associated with increased shedding of influenza virus. **CDC recommends this exclusion period of 24 hours regardless of whether or not antiviral medications are used.** People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.**

Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important to take all safety precautions. To lessen the chance of spreading influenza viruses that are resistant to antiviral medications, adhering to the exclusion period is very important for the health and safety of others.

If you receive, a call from the school to retrieve your child you must come **within the hour** or send an authorized individual. If we cannot reach you, we will call your emergency contact person. Failure to comply with these procedures will be considered a violation of school policy.

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 the incident will fill out an Incident/Injury Report Form detailing the incident. In addition, the report will be signed by the staff member, as well as the Educational Director and the student's Lead Teacher. 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.

Dress Code

Children are required to dress in a simple uniform. All students will be required to wear Yellow Victory School T-shirts. The uniform consists of the yellow t-shirt with The Victory Center insignia on the upper left hand corner, and khaki shorts / skirt / slacks. For safety, sneakers are required for the children to wear with their uniform. The extra clothing, recommended to be kept at school, must include at least one yellow t-shirt, and 3 sets each of shorts/pants, underwear, and socks. During water days, swimming trunks and appropriate water shoes (not flip flops) will be allowed but a yellow t-shirt must still be worn.

Emergencies

Should your child become injured while in our care, he / she will be brought to the Educational Director's office for immediate care. If necessary, ice will be applied or further medical assistance will be sought. However, if a child is seriously injured and unable to be moved, the teacher will immediately notify the office for assistance and parents will be notified. Teachers will fill out an Accident Report immediately and it will be sent home with the child, to be signed and returned for placement in the file. Medication will not be administered w/o prior arrangements, including a physician's note.

Field Trips

During the summer each class will be going on two field trips per week. All students are to wear their yellow Victory School t-shirt for each field trip unless otherwise instructed. This allows students to be more easily identified. No student out of uniform will be allowed on the field trip. If you do not wish your child to attend a field trip, he/she will not be able to attend camp for that day.

Lunch Program

The summer camp students will be receiving a Kosher school lunch. A lunch menu will be sent home with your child for the following month. If your child is on a special diet, you must send in their lunch and all snacks on a daily basis. We kindly ask that all students bring their own snacks and a re-fillable water bottle which may be filled throughout the day. Please be aware we cannot be responsible for warming up lunches during field trip days. They will be refrigerated if necessary.

Nut Free Environment

The Victory Center Peanut/Nut Policy is designed to help provide a safe learning environment for children diagnosed with life-threatening peanut/nut allergies. The Victory Center needs to make sure that there is little opportunity for a child to be exposed to what could harm them.

We ask that no foods from the list below be brought into our school. Accommodations will be made for health reasons. Foods sent in for lunch, snack, or any class event should be carefully checked to make sure they are nut free. This extends to field trips, school events, and extended day.

A serious allergic reaction can occur from contact with even a microscopic amount of the offending food. For example, a knife used to cut walnut brownies, wiped off and then used to cut fruit, can cause a reaction in a child who eats that fruit from any residue left on the utensil. Simple contact with an allergen can also produce the same reaction. For example, if the child with the allergy was to touch a trace amount, say on a table, a reaction could be triggered.

1. General policy

a. Parents of students with allergies will meet with classroom teacher(s) and the Educational Director to review their child's history and treatment for allergic reactions. If deemed necessary by their parents and physician:

- Prescription Epi-pens & Benadryl for each student will be kept in the Administrative Office. Prescription Epi-pens can be housed in the classroom.

b. Students, parents, faculty and administrative staff will be educated to the nature of peanut/nut allergy, the signs of anaphylactic shock and how to administer an Epi-pen (if necessary).

c. Information regarding our allergic children and their treatment will be available in the classrooms of allergic children.

d. Parents are requested to try their best to eliminate peanut/nut residue from their hands, mouth and personal articles prior to coming to school.

e. Peanut/nut Policy will be distributed to parents in student folders. Peanut/Nut Policy is available for parent and faculty review on the Victory Center website.

2. Food Policy

a. We are a Peanut/Nut Free School. No peanut butter will be served during snack. No nuts or peanut oil will be used in food preparation by any Victory Center staff.

b. Families of all students are requested to eliminate peanut and nut products from lunches and snacks that are brought to school for parties or special occasions.

c. Families can help ensure that our school stays nut restricted by reading the label on food packages.

d. **Restricted Foods:**

- peanut butter or other nut butters including Nutella
- nuts in salads
- candy or cookies with nuts
- trail mixes with nuts, granola bars with nuts, or dried fruit with nuts,
- cereal with nuts
- biscuits containing nuts
- loose nuts of any kind (peanuts, cashews, hazelnuts, walnuts, mixed nuts, etc.)

3. Classroom Policy

a. Letters will be sent home to parents explaining "peanut/nut" policy in student folders.

b. In addition, in order to protect all our children allergic to foods, children are not allowed to share their food or beverages with one another.

Peanut Free Lunch Ideas:

- Pita wrap sandwich with meat and/or cheese, lettuce and tomato
 - Pasta salad with meat or cheese
 - Macaroni and cheese
 - Crackers with lunch meat, hardboiled egg, or cheese
 - Yogurt with carrot and celery sticks and a piece of fruit
 - Lunch meat & sandwich bread.
 - Bagel sandwich with meat or cheese
 - Pizza slice with vegetables or fruit
 - Soup or stew in a thermos
- Peanut free snack ideas:
- Yogurt, string cheese
 - Fruit, pudding, or gelatin cups
 - Fresh fruit, raisins or other dried fruit
 - Crackers and cheese
- Applesauce. The healthiest and most convenient type is unsweetened applesauce in single-serving cups.
 - Celery stuffed with soft cheese or cream cheese
 - Vegetables. Baby carrots, cherry tomatoes, broccoli, and cauliflower are among the vegetables some kids will eat raw. Small containers of plain yogurt, salad dressing, or sour cream may be good dips.
 - Air-popped popcorn.
 - Homemade trail mix with cereal, pretzels, and raisins
 - Graham or animal crackers
 - Vegetables with dip
 - Mini pita's or mini bagels

Weather Related Emergencies

In the event that there is a weather related emergency such as a hurricane or tornado, the Administration will make a decision regarding closing based on the procedures set out by the Miami-Dade County Public Schools. Check the radio and TV for announcements. If Miami-Dade County Schools are closed, we will be closed as well.

In the event that there is a tornado warning / watch while we are in school students will be moved into an area, like a hallway or bathroom, where there are no windows or glass. Students and teachers will remain there until further instructions by the Administration.



Behavior Management Plan

ABA methods are used to support persons with autism in at least six ways:

1. to increase behaviors (eg reinforcement procedures increase on-task behavior, or social interactions);
2. to teach new skills (eg, systematic instruction and reinforcement procedures teach functional life skills, communication skills, or social skills);
3. to maintain behaviors (eg, teaching self control and self-monitoring procedures to maintain and generalize job-related social skills);
4. to generalize or to transfer behavior from one situation or response to another (eg, from completing assignments in the resource room to performing as well in the mainstream classroom);
5. to restrict or narrow conditions under which interfering behaviors occur (eg, modifying the learning environment); and
6. to reduce interfering behaviors (eg, self injury or stereotypy).

The Behavior Analyst will conduct a Functional Behavioral Assessment for each student identified to be in need of ABA services. This is a process that includes the following components:

- a. selection of interfering behavior or behavioral skill deficit
- b. identification of goals and objectives
- c. establishment of a method of measuring target behaviors
- d. evaluation of the current levels of performance
- e. design and implementation of the interventions that teach new skills and/or reduce interfering behaviors
- f. continuous measurement of target behaviors to determine the effectiveness of the intervention, and
- g. ongoing evaluation of the effectiveness of the intervention, with modifications made as necessary to maintain and/or increase both the effectiveness and the efficiency of the intervention.

The interventions will be individualized based on the need of the student and function of the behaviors. Staff will collect and analyze data based on careful observation of student behavior and necessary changes in the student's environment to promote change in behavior will be made. Antecedent stimuli and consequences influence acquisition and continuation of behaviors and need to be determined individually for each student. Staff and parents will be trained on any intervention(s) deemed to be appropriate by the Behavior Analyst. If data collection is necessary, data sheets will be provided and trained thoroughly to assist with treatment recommendations.

Some examples of interventions for specified behaviors (to be individualized and revised based on the need of the student):

- Physical aggression: refers to any or all of the following acts: physical assaults on peers, staff or family members; verbal threats and hostile statements; threatening gestures; tantrums; and property destruction.
 1. A student's motivation for aggression will be determined.
 - a. This information is then used to develop an individually tailored intervention.
 - b. Such an intervention can identify and strengthen adaptive behaviors that serve the same function as the target behavior.
 2. Interventions

- a. For example, if aggression is motivated by attention, the student will be taught appropriate social skills, such as hand shaking, raising an arm, or learning to say 'hey, come here', to gain attention in an acceptable manner.
 - b. Interventions based upon a functional assessment can also include removing those events that trigger aggression. For example, if attention-maintained aggression is more likely to occur after the person has been ignored for an extensive period of time, one such intervention to reduce attention-maintained aggression would be to give frequent periods of attention.
- Self Injurious Behaviors: is deliberate infliction of tissue damage or alteration to oneself, taking one's anger out on one's self by biting, hitting cutting or banging one's head
1. *Initially, a functional analysis will be conducted in order to obtain a detailed description of the person's self-injurious behavior and to determine possible relationships between the behavior and his/her physical and social environment*
 2. Interventions
 - a. Communication Skill Building
 - i. Encourage student to use communication to express emotions
 - ii. Use journals to express emotions through writing
 - iii. Trigger Log – student tracks each time he or she engages in SI and the events leading up to it
 - b. Behavioral Interventions
 - i. Stress Management and Tension Release
 - ii. Diaphragmatic and Controlled breathing
 - iii. Meditation and Visualization
 - iv. Exercise, specifically aerobic

If all ABA interventions fail to keep the student, peers, and/or staff safe, appropriate PCM techniques will be utilized.



I have read The Behavior Management Plan and understand and agree to the policies contained therein.

Parent Signature

Parent Name Printed

Date

Parent Signature

Parent Name Printed

Date



I, _____, received the Making Friends Summer Camp Guidelines/Manual. With acknowledgment of receipt I agree to abide by the reviewed policies as noted in the parent manual within this document.

Print Name

Sign Name

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 _____
 None

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)

disclosure by the parent or guardian describing the child's specific

condition and/or need for

accommodations

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

Autism Spectrum Disorders

Learning Disability

Chronic Medical Condition

Physical Disability

Developmental Delay (under 5 only)

Speech/Language Impairment

Emotional and/or Behavioral Disorder

Visual Impairment (or blind)

Hearing Impairment (or deaf)

Other Disability _____

Intellectual Disability (or mental retardation)

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:** _____

*Required fields

Revised 06/10

**The Making Friends Summer Camp Program
Tuition Contract**

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

Address: _____ City: _____ Zip Code: _____

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

1. By enrolling my child(ren) for the The Victory School's Summer Camp, I agree to pay \$3,600.00 for this service in advance by check on date of orientation (2:1 ratio).
2. I agree to pay a \$25 late fee if my payment is not received on time.
3. I agree to pay a registration fee of \$100 per child enrolled in the program. I agree to pay an assessment fee of \$50 per child. **I understand that these fees are due each school year at the time of registration and my child is not considered enrolled until the fee is received.**
4. I will not hold the Summer Camp Program, Director or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance.
5. 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 Summer Camp 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: _____



The Making Friends Summer Camp Program Emergency Information

Child's Name: _____ Name Called: _____

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

Approximate time child will be picked up: _____ **Email:** _____

Address: _____

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 Summer Camp Program
Medical Update Form**

Child's name: _____

List of Medications: Note specific dosages

Child's most recent diagnosis:

Any changes to child's medical history:

Allergies

Foods: _____

Reaction: _____

Counteract: _____

Medication: _____

Reaction: _____

Counteract: _____

Animals/Insects: _____

Reaction: _____

Counteract: _____

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____



EMERGENCY MEDICAL AUTHORIZATION FORM

Student Name _____

Address _____

Telephone _____

PURPOSE: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents or guardians cannot be reached. Information provided on this form will be shared with school personnel who interact with your child to ensure his/her safety at school unless you note otherwise.

Residential (lives with) Parent or Guardian: (Designate - work or home)

Mother's Name _____ Daytime Phone _____

Father's Name _____ Daytime Phone _____

Guardian's Name _____ Daytime Phone _____

Name of Relative or Childcare Provider (circle one):

_____ Phone _____

Address _____

PART I OR II MUST BE COMPLETED

PART I - TO GRANT CONSENT

I hereby give consent for the following medical care providers and local hospital to be called:

Doctor _____ Phone _____

Dentist _____ Phone _____

Preferred Local Hospital _____ Phone _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above-named doctor, or, in the event the designated practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to any hospital accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

IMPORTANT

Please list any facts concerning the child's medical history including allergies, medications being taken, current medical conditions, and any physical impairments to which the school and a physician should be alerted.

PART II - REFUSAL TO CONSENT

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take the following action:

Date

Signature of Parent/Guardian



Medication Dispensing Information

This form must be completed for each program session or when medication changes.

BACKGROUND INFORMATION:

Participant's Name: _____

Age: _____

Address: _____

Parent's/Guardian's Name(s): _____

Daytime Phone: _____

Other Phone: _____

Program Name: _____

Doctor's Name: _____

Phone: _____

MEDICATION INFORMATION:

1.

Name: _____

Dose: _____

Time: _____

Quantity supplied: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

2.

Name: _____

Dose: _____

Time: _____

Quantity supplied: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

3.

Name: _____

Dose: _____

Time: _____

Quantity supplied: _____

Dispensing & Storage Instructions: _____

Possible Side Effects: _____

OTHER INFORMATION: _____

MAY CHILD/PATRON SELF-ADMINISTER MEDICATION?

CIRCLE: YES NO (If yes, *Self-Administration* form must be completed)



Waiver and Release of All Claims

I understand that it is my responsibility to give the medication directly to program staff with full instructions in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, in the case of a program field trip, it is my responsibility to provide a satisfactory storage container. *i.e.*, a portable cooler for insulin.

In all cases, medication dispensing can only be changed or modified by completing another Permission and Waiver to Dispense Medication Form and Medication Information Form. I hereby acknowledge that the above information provided for the dispensing of medication for my minor child, guardian, ward, or other family member is accurate. I also understand that it is my responsibility to inform the Victory Center if any changes in the dispensing of medication change. I understand that I have the primary responsibility for administering medication to my child. I further understand that if it is necessary for my child to take medication, or to allow my child to self-administer medication, during Victory Center program hours, I recognize and acknowledge that there are certain risks of physical injury in connection with the administering of medication to or self-administration by my child. Such risks include, but are not limited to, failing to properly administer the medication, failing to observe side effects, failing to assess and/or recognize an adverse reaction, failing to assess and/or recognize a medical emergency, and failing to recognize the need to summon emergency medical services.

In consideration of the Victory Center administering medication to my child, I do hereby fully release or discharge the Victory Center, and its officer, agents, volunteers and employees from any and all claims from injuries, damages and losses I or my child may have (or accrue to me and my child), and arising out of, connected with, incidental to, or in any way associated with the administering/dispensing of medication or self-administered medication.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



Permission To Dispense/Self-Administer Medication

The Victory Center will not dispense medication to or allow self-medication by a child or other participant until the Permission and Waiver to Dispense/Self-Administer Medication and Medication Information Form have been fully completed by a parent or guardian.

NAME OF PROGRAM:

DATE:

I _____ the parent/guardian of _____, give permission to the staff of the Victory Center to administer to my child or to allow my child to self-administer

(Name of Medication)

I understand that it is my responsibility to give the medication directly to program staff with full instructions in unopened individual dosage containers, unopened non-prescription medication containers, or in original prescription bottles. I further understand that, in the case of a program field trip, it is my responsibility to provide a satisfactory storage container. *i.e.*, a portable cooler for insulin.

PARTICIPANT'S NAME: _____

NAME OF MEDICINE AND COMPLETE DOSAGE INSTRUCTIONS:

In all cases the recommended dosage of any medication will not be exceeded. If after administering medication there is an adverse reaction, I give my permission to secure from any licensed hospital physician and/or medical personnel any treatment deemed necessary for immediate care. I agree to be responsible for payment of any and all medical services rendered.

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date



Sick Student Policy (Revised January 2011)

Occasionally, your child may become ill and unable to attend school. Please phone the Administration Department at 305-466-1142 ext. 201 or the Educational Director at ext. 203 to notify The Victory Center that your child will be out for the day. This allows the Educational Director to more efficiently schedule teacher staffing and modify class schedules for that particular day.

We understand that it is difficult for working parents to stay at home with a sick child. In an effort to control illness amongst other children, teachers, and possible pregnant or nursing staff members/teachers, in conjunction with the State of Florida Department of Children and Family Services, as well as the Center for Disease Control (CDC), **please do not send your child to school with the following symptoms:**

- Communicable diseases, such as measles, mumps, chicken pox, scarlet fever, whooping cough, etc...
- Head Lice (Child must be free of lice and nits before returning to school.)
- Symptoms of pink eye (watery eyes, discharge, pick/redness) or any type of skin rash
- Swollen glands with runny nose, runny nose with green or yellow mucus discharge, deep coughs (especially when Spitting up phlegm), redness around ears (possible ear infection), unexplained rash, vomiting, fever of 100 degrees Fahrenheit or more.
- Bloody nose or any open skin lesions.
- Diarrhea. If your child has more than one loose stool, he or she will be sent home.
- Seizures- If your child shows symptoms or has a seizure at school, he or she must be sent home. The policy for Seizures is due to not having a nurse or medical staff on the premises.

If your child becomes ill during the day and is found to have any of the above mentioned symptoms which may result in infecting another child or staff member, we will separate your child from the others the best we can until you, the parents, are notified and your child is picked up. We do not have a room in which sick children can rest or a school nurse so you are expected to pick up your child within **ONE** hour after being notified.

Returning to School

If you can present a doctor's note stating the specific symptoms your child was sent home with are not contagious, except if the symptoms were diarrhea and/or a fever, your child may return the same day **BEFORE NOON**. Otherwise, due to our classroom schedules, afternoon activities, and staff assignments the remainder of the day, the child may return **the following day** with a note. **Please Note: Children without a doctor's clearance are to remain out of school the following school day and are only to return when symptoms are no longer present. The child must remain out for at least one full day, not including the day they were sent home.** A physician's note may be required for your child to return at the discretion of administration even if they were out of school the following day, depending on the seriousness of the illness and any symptoms present when they are dropped off at car pool.

Doctor's Note

For your assistance, we have created a form to be filled out by the physician to ensure the clearance clearly states the symptoms being assessed and whether they are or are not contagious. We cannot accept notes from a doctor simply stating "May return to school". Please note that if the child is returned the following day with a doctor's note, it is up to the discretion of the school to determine if the child appears well enough to be present as per the CDC recommendations outlined below.

Emergency Contacts

If a parent cannot be reached, the Educational Director will contact those persons on your child's emergency list. Please be prepared for such situations and make arrangements ahead of time. Please keep all emergency and work numbers current. We would greatly appreciate your cooperation in keeping all of our students and teachers healthy and safe. This will enable our teachers to be more productive with the children.

Sick Student Policy Continued

CDC recommends that people with influenza-like illness remain at home until at least 24 hours after they are free of fever (100° F [37.8°C]), or signs of a fever without the use of fever-reducing medications.

Sick individuals should avoid contact with others. Keeping those with a fever at home may reduce the number of people who get infected, since elevated temperature is associated with increased shedding of influenza virus. **CDC recommends this exclusion period of 24 hours regardless of whether or not antiviral medications are used.** People on antiviral treatment may shed influenza viruses that are resistant to antiviral medications.

Many people with influenza illness will continue shedding influenza virus 24 hours after their fevers go away, but at lower levels than during their fever. Shedding of influenza virus, as detected by RT-PCR, can be detected for 10 days or more in some cases. Therefore, when people who have had influenza-like illness return to work, school, or other community settings they should **continue to practice good respiratory etiquette and hand hygiene and avoid close contact with people they know to be at increased risk of influenza-related complications.**

Because some people may shed influenza virus before they feel ill, and because some people with influenza will not have a fever, it is important to take all safety precautions. To lessen the chance of spreading influenza viruses that are resistant to antiviral medications, adhering to the exclusion period is very important for the health and safety of others.

If you receive, a call from the school to retrieve your child you must come **within the hour** or send an authorized individual. If we cannot reach you, we will call your emergency contact person. Failure to comply with these procedures will be considered a violation of school policy.

By signing below, I acknowledge my receipt of the above Sick Student Policy and agree to adhere to the terms and conditions stated herein.

Parent Signature

Parent Name Printed

Date



RETURN TO SCHOOL AFTER HOSPITALIZATION POLICY

1. If a student is absent due to a hospitalization or placement as noted below, the following procedures must be followed PRIOR to the student being allowed to return to school. Such hospitalizations may include:
 - a. Hospitalization in a psychiatric facility,
 - b. Commitment to a substance-abuse facility
 - c. Court commitment to a residential/hospital facility,
 - d. Residential commitment by state agencies such as the Department of Children and Family (DCF)
 - e. Long-term hospitalization for serious illnesses or injury, and
 - f. Other long-term placements.

2. Prior to a student returning to school, the guardian (s) of the student must notify The Victory Center 48 hours in advance to ensure proper planning and a smooth transition back to school.

3. The guardian (s) of the student must meet with the Educational Director and/or the Assistant Educational Director within 24 hours prior to planned return of the student in order to discuss treatment planning, educational goals, and any other pertinent information necessary to ensure a smooth and successful transition.

4. A treatment summary from the treating facility/physician must be provided 24 hours prior to the student returning to ensure recommendations and special accommodations can be accommodated and implemented.

5. If 2, 3, and 4 are not completed, the student cannot return to school until all requirements are fulfilled.

I understand and agree to comply with the above policy.

Parent Signature

Parent Name Printed

Date

Parent Signature

Parent Name Printed

Date



Child Pick-Up Authorization Form

I give permission for my child, _____, to be
(Print Child Name)

picked up from The Victory Center by the following person(s):

Please List:

Print Name	Driver's License #/State Issued	Phone

Please attach a photo copy of photo ID/Driver's License for all individuals that are authorized to pick up your child.

Print Parent Name: _____

Parent Signature: _____



Confidentiality Agreement

Updated June 2010

Confidentiality - It is important for your family to feel secure that your child's information is kept confidential. All oral and written reports are kept in the strictest confidence. Each child's progress is documented and maintained in a file kept on school property. These files are open to each parent to be reviewed and discussed as needed. It is also important that you be aware of and respectful of, other families and children you may observe when you come to view your child's progress. We will not discuss your child with any other parent and we will not discuss any other child with you. We ask that you also refrain from discussing your observations of children other than your own with other parents, as a simple courtesy.

I have read and understand the **Confidentiality Agreement**

Parent's signature serves as acknowledgment of receipt of The Victory Center's Confidentiality Policy.

Signature

Date

Print Name

Executive Director Signature



AUTHORIZATION FOR PHOTOGRAPHY/VIDEO

From time to time during the school year staff photographs, school videos and our own public relations efforts are utilized to visually explain the many varied types of programs and events that we offer at The Victory Center, Inc. The photographs or videos may be used in seminars, classes, newspapers, brochures, school catalogs, internet, television or any other public or media form.

By signing this form, I consent to my child being included in school media as indicated above.

By signing this form, I, _____, the parent or guardian of _____ hereby authorize and give consent to the staff of The Victory Center to include my child in school media and marketing materials.

Signature of Parent or Guardian

Signature of Witness

Date

Date

Any and all Photos and Recordings taken of you, your children or wards shall be the sole property of The Victory Center.



The Victory Center Peanut/Nut Policy

The Victory Center Peanut/Nut Policy is designed to help provide a safe learning environment for children diagnosed with life-threatening peanut/nut allergies. The Victory Center needs to make sure that there is little opportunity for a child to be exposed to what could harm them.

We ask that no foods from the list below be brought into our school. Accommodations will be made for health reasons. Foods sent in for lunch, snack, or any class event should be carefully checked to make sure they are nut free. This extends to field trips, school events, and extended day.

A serious allergic reaction can occur from contact with even a microscopic amount of the offending food. For example, a knife used to cut walnut brownies, wiped off and then used to cut fruit, can cause a reaction in a child who eats that fruit from any residue left on the utensil. Simple contact with an allergen can also produce the same reaction. For example, if the child with the allergy was to touch a trace amount, say on a table, a reaction could be triggered.

1. General policy

a. Parents of students with allergies will meet with classroom teacher(s) and the Educational Director to review their child's history and treatment for allergic reactions. If deemed necessary by their parents and physician:

- Prescription Epi-pens & Benadryl for each student will be kept in the Administrative Office. Prescription Epi-pens can be housed in the classroom.

b. Students, parents, faculty and administrative staff will be educated to the nature of peanut/nut allergy, the signs of anaphylactic shock and how to administer an Epi-pen (if necessary).

c. Information regarding our allergic children and their treatment will be available in the classrooms of allergic children.

d. Parents are requested to try their best to eliminate peanut/nut residue from their hands, mouth and personal articles prior to coming to school.

e. Peanut/nut Policy will be distributed to parents in student folders. Peanut/Nut Policy is available for parent and faculty review on the Victory Center website.

2. Food Policy

- a. We are a Peanut/Nut Free School. No peanut butter will be served during snack. No nuts or peanut oil will be used in food preparation by any Victory Center staff.
- b. Families of all students are requested to eliminate peanut and nut products from lunches and snacks that are brought to school for parties or special occasions.
- c. Families can help ensure that our school stays nut restricted by reading the label on food packages.
- d. **Restricted Foods:**
 - peanut butter or other nut butters including Nutella
 - nuts in salads
 - candy or cookies with nuts
 - trail mixes with nuts, granola bars with nuts, or dried fruit with nuts,
 - cereal with nuts
 - biscuits containing nuts
 - loose nuts of any kind (peanuts, cashews, hazelnuts, walnuts, mixed nuts, etc.)

3. Classroom Policy

- a. Letters will be sent home to parents explaining "peanut/nut" policy in student folders.
- b. In addition, in order to protect all our children allergic to foods, children are not allowed to share their food or beverages with one another.

I have read The Victory Center Peanut/Nut Policy and understand and agree to the policies contained therein.

Parent Signature	Parent Name Printed	Date
Parent Signature	Parent Name Printed	Date



Transportation Authorization Form

I give permission for my child, _____, to be
(Print Child Name)

Transported via contracted bus to and from The Victory Center and to and from all
field trip locations.

Print Parent Name: _____

Parent Signature: _____

Date: _____



Dear Parents & Guardians:

In an effort to increase security on our campus, we will be issuing parking permits. This will enable us to identify who is on our campus.

Please fill out the form below and either mail it back to us or bring it to the Administration Office. Once we receive this form, we will issue you the parking permits.

Thank you



MAR-JCC PARKING PERMIT INFORMATION

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Business Phone: _____

Car 1: Make: _____ Model: _____ Year: _____

Color: _____ License Plate: _____ State: _____

Car 2: Make: _____ Model: _____ Year: _____

Color: _____ License Plate: _____ State: _____

I agree to return the parking pass that is given to me upon my child's exit from the Victory Center for Autism.

Signature: _____ Date: _____