



848 Executive Dr. Oviedo, FL 32765
Tel: 407-678-8889, Toll Free: 1-866-569-7395, Fax: 407-678-8885
Email: info@myalpine.org
Website: www.myalpine.org, www.interventionsunlimited.com

2020 ABA Social Skills Summer Program

Child's Name: _____

- Summer Camp Application
- Application Fee (*\$50 before April 10, 2020 \$65 after April 10, 2020*)
- Signed Medication Administration Form
- Consent to Transport
- Signed Media Release
- Consent for Water Day

Administrative Use:

Date Application received: _____

Received By: _____

Date Application Fee received: _____

Amount Received: _____

Check #: _____

Received by: _____

Date Tuition received: _____

Amount Received: _____

Check #: _____

Received by: _____



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2020 ABA Social Skills Summer Program

A full-day Program

Dear Parent/Guardian,

Thank you for choosing our company for your child during the summer! **We are offering a full-day program this year.** Our programs are designed to offer a consistent structure with a focus on the social needs of the children. Our goal is to provide a motivating, positive, therapeutic, and most importantly fun environment for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Our Social Skills Program will focus on developing, strengthening, and maintaining social relationships with peers in a fun and interactive environment. In collaboration with our ABA therapy company, Interventions Unlimited, this program utilizes the principles of Applied Behavior Analysis (ABA) to teach children specific skills required for successful social interaction.

Please note that the application does not guarantee acceptance of your child into the program. We strive to provide a positive and beneficial learning experience for all the children enrolled. For this reason, some children may be accepted on a trial basis to ensure that he or she will benefit from our social skills summer program. Space is limited, and we encourage you to apply at your earliest convenience.

After we receive your application, we will notify you of your child's acceptance. We look forward to the prospect of meeting you and having your child with us this summer. In the meantime, if you have any questions or concerns, please contact us. Email is our primary means of communication with you regarding camp announcements. Please be sure to provide us a valid email address.

2020 Summer Social Skills Program Dates: June 8th to July 17th (6 weeks), Monday to Friday except for Friday, July 3rd 2020 in observance of Independence Day.

Hours: 9:00 a.m. to 3:00 p.m. Aftercare is available until 5:00 p.m.

Half-day options are also available for morning or afternoon only

Payment

The application fee is nonrefundable.

At the time of application, tuition payment is required in full for the entire registered program period. Children receiving ABA services from Interventions Unlimited may participate in this program upon authorizations from the insurance company. If your insurance policy covers our program, Interventions Unlimited will submit claims on your behalf to your insurance company. The parent/guardian is still responsible for the co-pay or co-insurance, and the entire tuition amount should the third party fail to pay.

A full refund of paid tuition will be issued if your child is not accepted into the selected program.

Cancellation & Dismissal

75% of your tuition payment will be refunded if a written request of cancellation is received on or before May 8, 2020.

50% of your remaining tuition payment will be refunded if a written request of cancellation is received before the end of the first week of camp.

No refund will be issued if the parent/guardian cancels after the first week of the camp. This includes non-attendance due to illness or other reasons.

Alpine Academy reserves the right to dismiss a student from the summer program due to inappropriate placement. Should your child be dismissed from the program, the remaining paid tuition balance will be refunded.

50% of the remaining paid tuition will be refunded if the child is dismissed from the program due to health or behavioral issues that are not disclosed in the application.

Sick Policy

Your child will be sent home if he or she has any of the symptoms below.

For the wellbeing of all the program staff and other children, please keep your child at home if he or she has any of the following Symptoms:

- 1) A fever of 102 or higher. If you child has had a fever, he or she must be fever free for 24 hours before returning to the camp.
- 2) Vomiting
- 3) Visible mucus (green/yellow)
- 4) Conjunctivitis (pink eye)
- 5) Diarrhea
- 6) Cough that has lasted more than 5 days.
- 7) Head Lice

Children exhibiting the above symptoms will be sent home.

Pick up

Your child must be picked up at the allotted time. A late fee of \$5 will be incurred for every 5 minutes that the parent/guardian is late.

Supplies

Parents should supply daily snacks, lunch and drinks. If your child is staying for ABA therapy after the camp, please provide a second snack as well. Please label everything with your child's name.

I have reviewed the above policy and hereby give my consent for my child _____ to participate in the 2020 Summer Camp.

Parent/Guardian Signature

Date

Witness

Date



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2020 SOCIAL SKILLS SUMMER PROGRAM APPLICATION

Please indicate the weeks you would like to enroll your child.

Applicants applying for the entire 6-week full-day program will be given priority in acceptance.

Full day program Morning only 9:00-12:00 Afternoon only 12:00-3:00

Entire program of 6 weeks

Week of 6/8/20 week of 6/15/20

Week of 6/22/20 week of 6/29/20

Week of 7/6/20 week of 7/13/20

Aftercare is needed until 5:00 (\$20 per day payable each week at the beginning of the week)

Application Fee (Nonrefundable):

\$50 before April 10, 2020

\$65 after April 10, 2020

Tuition

Full-day Options:

\$360 per week if registering for the entire program (6 weeks)

\$385 per week if registering for the partial program (less than 6 weeks)

Half-day Options: (9:00 am – 12:00 pm OR 12:00 pm – 3:00 pm)

\$190 per week if registering for the entire program (6 weeks)

\$205 per week if registering for the partial program (less than 6 weeks)

Aftercare:

\$20 per day after camp dismissal in the afternoon for aftercare. Aftercare is not offered to children only attending morning camp.



2020 SUMMER CAMP PAYMENT

Payment must be submitted at the time of application! Please make 2 separate payments for the application fee and the tuition. We will not deposit your tuition payment until your child is accepted. Please make the checks payable to Alpine Academy.

Child's Name: _____

| | |
|-------------------|--|
| Application Fee: | <input type="checkbox"/> \$50 before 4/10/2020 <input type="checkbox"/> \$65 after 4/10/2020 |
| Full Day Tuition: | <input type="checkbox"/> Entire program of 6 weeks: \$2160 <input type="checkbox"/> Base <u> \$385 </u> x <u> </u> weeks = <u> </u> Total |
| Half Day Tuition: | <input type="checkbox"/> Entire program of 6 weeks: \$1140 <input type="checkbox"/> Base <u> \$205 </u> x <u> </u> weeks = <u> </u> Total |
| Total Due: | |

Payment

Please make application fee and the tuition in separate checks payable to ALPINE ACADEMY.

Please find enclosed checks in the amount of:
 \$_____ (application fee) and \$_____ (tuition)

2020 SUMMER CAMP AFTERCARE

Please select the days that are requested for aftercare. Payment must be submitted on the Friday prior to the week of aftercare.

| 3:00 – 5:00pm | Cost: \$20 / day |
|---------------|------------------|
| Monday | |
| Tuesday | |
| Wednesday | |
| Thursday | |
| Friday | |

Background Information:

Child's Name: _____ **Date of Birth:** _____

Present School Grade _____ Name of the School _____

What type of classroom is you child currently enrolled in?

Father's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

Mother's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

With whom does the child live with? _____

Emergency contact: _____

Please list the name(s) of individuals authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Does your child have a medical diagnosis? Yes _____ No _____

If yes, what diagnosis? _____ Diagnosed By: _____

Age at Diagnosis: _____

Behavior

The focus of our summer program is social skills development. It may not be suitable for children with high levels of problem behaviors. These behaviors can be better addressed through our 1:1 ABA therapy program.

What motivates your child? (List your child's LIKES and DISLIKES: any items, activities, or foods)

| LIKES | DISLIKES |
|-------|----------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

List some of your child's STRENGTHS and CHALLENGES:

| STRENGTHS | CHALLENGES |
|-----------|------------|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

What things scare your child the most?

Does your child have a way to self calm? Is there any object or activity that helps him/her return to a calm state?

Are there any behavior concerns that we should be aware of:

| | |
|--|--|
| My child can reliably and frequently communicate using at least 3-5 word sentences. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My child will sit & follow directions in group instructions (1:6 ratio) for at least 5 minutes without engaging in any problem behavior. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| My child engages in frequent aggressive or disruptive behaviors. If yes, please describe: <hr/> <hr/> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

What concerns you about your child's social interaction?

What skills would you like your child to learn in our camp?

I attest that to the best of my knowledge, the information provided on the application is accurate. I have read all of the camp policies and procedures.

Parent Signature: _____



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2020 Summer Camp Health Information
(To be completed by parent/guardian)

Child's Name: _____ DOB: _____ Age: _____

Male _____ Female _____ Height: _____ in. Weight: _____ lbs.

In case of illness or emergency, please contact: _____

Address _____

Street number

City

Zip Code

Day Time Phone: _____ Cell Phone: _____

Health History

(Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mumps | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Enuresis (bed wetting) | |
| <input type="checkbox"/> Conduct Disorders | <input type="checkbox"/> Severe stomach aches | <input type="checkbox"/> Sun sensitivity | |

If you checked any of the above please explain in detail:

Please be specific in answering the following:

Does your child have any physical restrictions/limitations? Yes No

If yes, explain:

Does your child suffer from any allergic reactions to:

Penicillin: _____ Other drugs: _____ Bee or wasp sting: _____ Foods: _____

Others: _____

Please specify which foods he/she is allergic too:

Any dietary restrictions? ___Yes ___No

If yes, explain:

Is your child currently taking any medication? ___ Yes ___No

- **If yes, please be sure to fill out the medication release form.**

IN CASE OF EMERGENCY

Your child's physicians full name: _____

Address: _____
Street Number City Zip Code

Phone Number: _____

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to Interventions Unlimited, Inc. and Alpine Academy to seek proper medical treatment for the child named above.

Parent/guardian: _____

Date: _____



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2020 Summer Camp

Medication Administration Form

For Medications Supplied by Parents

I _____, give permission for my child _____, to have his or her oral medication(s) administered to him or her during the school hours by an Interventions Unlimited, Inc. or Alpine Academy staff.

My child will need the following medication (s) and dosage (s) administered during the camp hours:

| Medication | Dosage | Time |
|------------|--------|-------|
| 1. _____ | _____ | _____ |
| 2. _____ | _____ | _____ |
| 3. _____ | _____ | _____ |

Instructions for administering the medication(s):

Signed: _____ Date: _____

PHYSICIAN signature required for ALL PRESCRIPTION medications

Signed: _____ Date: _____

PARENT signature required for prescription and over-the-counter medications

Medication must be provided in its original container from the pharmacy with dosage amount, directions, and the name of the prescribing physician. Please note that if the above information is not provided, the medication will not be administered.

N/A: This form does not apply to my child.

Signed: _____ Date: _____



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2020 Summer Camp Release Forms

Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by Alpine Academy and Interventions Unlimited, Inc. for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: _____ Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive Alpine Academy, Interventions Unlimited, Inc., and their employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____ Date: _____



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Beach / Water Day

We have planned a water day 2x's this summer (June 26 and July 17). A bounce house/water slide will be set up on the playground for the kids to enjoy during their playground time on those days.

Details

When: Friday, June 26 & Friday, July 17

Time: Scheduled time by class/camp group

What to bring: towel, bathing suit, water shoes/flip flops (if preferred)

I give permission for my child, _____ (child's name) to get on the water slide at Alpine Academy/Interventions Unlimited.

In the event that there is an accident and you are unable to contact me, Please contact:

Emergency Contact Name / Number: _____

Emergency Contact Name / Number: _____

Parent / Guardian Signature

Date