



INTERVENTIONS
UNLIMITED

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

2021 ABA Virtual Social Skills Summer Program

Child's Name: _____

- Summer Program Application
- Application Fee (*\$40 nonrefundable*)
- Signed Media Release

Administrative Use:

Date Application received: _____

Received By: _____

Date Application Fee received: _____

Amount Received: _____

Check #: _____

Credit Card: _____

Received by: _____

Date Tuition received: _____

Amount Received: _____

Check #: _____

Credit Card: _____

Received by: _____



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2021 ABA Virtual Social Skills Summer Program

Dear Parent/Guardian,

Thank you for choosing our company for your child during the summer! **We are offering a virtual 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 learning environment for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Our Virtual Social Skills Program will focus on developing, strengthening, and maintaining social relationships with peers in a fun and interactive environment. 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. In order for a group to be formed we need a minimum of 3 children per group, if a group cannot be created with age appropriate peers tuition will be refunded. Each peer group will be a maximum of 6 students to allow individual attention and practice.

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 join 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 program announcements. Please be sure to provide us a valid email address.

2021 Virtual Social Skills Summer Program Dates: June 7th to July 16th (6 weeks), Monday to Friday except for Monday, July 5th, 2021 in observance of Independence Day.
Hours: 2 Hour each day Morning or 2 Hour Afternoon Sessions

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

75% of your tuition payment will be refunded if a written request of cancellation is received on or before May 7, 2021

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 the program.

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

Privacy

To protect the privacy of all the participants; photography, video and/or recording of the camp is prohibited.

I have reviewed the above policy and hereby give my consent for my child _____ to participate in the 2021 Summer Camp.

I am the legal guardian of _____ and have the legal right to enroll my child in the 2021 Summer Camp.

Parent/Guardian Signature **Date**

Witness **Date**



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2021 SOCIAL SKILLS SUMMER PROGRAM APPLICATION

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

Select the session	Morning Session (10am to 12pm EST) Ages: 5 - 10
<input type="checkbox"/>	Entire Program (3 two-week sessions)
<input type="checkbox"/>	Weeks of 6/7/20 & 6/14/20
<input type="checkbox"/>	Weeks of 6/21/20 & 6/28/20
<input type="checkbox"/>	Weeks of 7/5/20 & 7/12/20

Select the session	Afternoon Session (3pm to 5pm EST) Ages: 11 - 18
<input type="checkbox"/>	Entire Program (3 2-week sessions)
<input type="checkbox"/>	Weeks of 6/7/20 & 6/14/20
<input type="checkbox"/>	Weeks of 6/21/20 & 6/28/20
<input type="checkbox"/>	Weeks of 7/5/20 & 7/12/20

Application Fee (Nonrefundable): \$40

Tuition:

\$360 per 2-week session
\$975 for Entire 3 Sessions



2021 VIRTUAL SUMMER PROGRAM 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 **INTERVENTIONS UNLIMITED.**

Child's Name: _____

Application Fee:	<input type="checkbox"/> \$40
Tuition:	<input type="checkbox"/> Entire program of three 2-week sessions: \$9750 <input type="checkbox"/> Base <u>\$360</u> x _____ sessions = _____ Total
Total Due:	

Payment

Please make application fee and the tuition in separate checks payable to INTERVENTIONS UNLIMITED.

Please find enclosed checks in the amount of:

\$_____ (application fee) and \$_____ (tuition)

Credit Card Payment

Please expect to see 2 separate credit card charges one for the nonrefundable application fee and one for summer camp tuition.

Type of Credit Card (please circle)	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Cardholders Name (as it appears on the card)	
Address (street, city, state, zip)	
Card Number	
Expiration Date	
CVV Number (located on the back of the card)	

Background Information:

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

Present School Grade _____

What type of classroom is your 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? _____

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 frighten your child?

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

Please describe any challenging or disruptive behaviors your child engages in below including what the behavior looks like and when is it most likely to occur:

My child looks at a device screen when their name is called.	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 reliably come to and remain in work area when directed to do so.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child will sit & follow directions in a virtual group instruction (1:6 ratio) for at least 15 minutes without engaging in any challenging behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child responds to rewards and praise delivered virtually.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child engages in frequent disruptive behaviors. If yes, please describe: <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is someone in your household willing and able to assist your child with summer group if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child has participated in other educational or therapeutic services delivered virtually.	<input type="checkbox"/> Yes <input type="checkbox"/> No

What are your main concerns related to your child’s social skills?

What are you hoping your child will learn/gain from social skills group?

I attest that to the best of my knowledge, the information provided on the application is accurate. I have read all of the program policies and procedures. I am the legal guardian of the child and have the legal right to sign my child up for the summer program.

Parent Signature: _____



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2021 Virtual Summer Camp Release Forms

Photo and Video Taping Release

I hereby give consent for photography and record the virtual camp that will only be used by Interventions Unlimited, LLC. 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 program. I hereby release, discharge, and waive Interventions Unlimited, LLC., and its employees from all liability for loss or damages, and any claims for damage. I have disclosed all relevant information regarding my child.

Parent/Guardian Signature: _____ Date: _____