

SUMMER CAMP 2014 INFORMATION

16705 Puzzle Place Delray Beach, FL 33446

561•495•4443

info@slominfamilycenter.org

GENERAL REGISTRATION INFORMATION

This registration information is for all camps at The Slomin Family Center for Autism and Related Disabilities, Inc. Pre-School Buddy and Elementary Experiential Camp, (Grades K-5).

MAIL-IN REGISTRATION

A check, money order or credit card payment for **EACH CAMP** with registration form, is mandatory. Sibling applications can be mailed together.

Make Checks payable to: The Slomin Family Center

Child's name must be put on the check for proper identification or it may delay entry into camp.

Mailing address:

The Slomin Family Center for Autism and Related Disabilities, Inc. Attention: Camp Director 16705 Puzzle Place, Delray Beach, FL 33446

REQUIRED DOCUMENTATION

- Complete one registration form in **FULL** for each child attending camp **any incomplete or illegible application will be returned**
- Copy of Parent/Guardian Driver's License (not required if child is currently enrolled in our preschool)
- A copy of a child's birth certificate must be submitted with registration if child is age 3-6 (not required if child is currently enrolled in our preschool)
- Current Immunization form and School Health Entry form
- The Center's documents
- Medication form (must be filled out for sunscreen)

GENERAL FINANCIAL INFORMATION

Fees:

- A \$100 non-refundable registration fee will be charged per application regardless of application acceptance
- Preschool Buddy Camp: \$800 for each 3 week session (\$2100 if enrolled in all 3 sessions) Deposit of \$300 is required per camper and is due at the time of registration. BALANCE DUE BY May 15th
- Elementary School Experiential Camp: (Grades K-5) \$900 for each 3 week session (\$2400 if enrolled in all 3 sessions) Deposit of \$300 is required per camper and is due at the time of registration.
 BALANCE DUE BY May 15th

. Extended Day (Morning and After Camp Care)

- Morning Care: 7:30a.m.-8:30a.m.
- After Care: 3:00p.m.-5:30p.m.
- Cost: \$250 for each 3 week session

SPACES ARE LIMITED AND AVAILABLE ON A FIRST COME, FIRST-SERVED BASIS.

APPLICATIONS ACCEPTED March 1ST

REFUNDS

All requests for refunds must be submitted in legible writing to the Camp Director at The Slomin Family Center.

All CAMP AND BEFORE AND AFTER CAMP REFUNDS

Requests for refunds received by Friday, May 16th will have a \$25.00 withdrawal fee. Requests made May 19th to May 30th will have \$100 withdrawal fee.

NO REFUNDS AFTER May 30th

REGISTRATION

There are multiple forms that need to be completed to successfully enroll in The Slomin Family Center. In the packet you received is a checklist of the documents that are required prior to the first day of camp. The most critical forms are the medical health exam forms, which include the immunization forms. Campers are not able to enroll without these forms. In addition, as part of our registration process you should be aware that it is our policy that a parent be reachable by phone at all times and you notify the office of any changes to your emergency contact information.

ADMISSIONS

The camp programs at The Slomin Family Center offers an inclusion program with a 1:4 ratio for preschool age children and 1:6 ratio for elementary age children. If applicable, children entering camp programs must have a confirmed diagnosis of ASD or related disability.

Initial Contact

A meeting with the Camp program Director to tour The Center must be scheduled. At the meeting information will be shared about our program and services as well as your child's needs. Please bring all written medical/health care or educationally related evaluations pertaining to your child. The camp program team will review all evaluations, IEPs, and relevant documentation as well as work with the family to determine if placement in the camp program at The Slomin Family Center will be appropriate for the child.

• Initial Evaluation/Intake

Members of our camp team will review all previous evaluations your child had with other professionals. While a member of the team reviews the paperwork, forms, and the parent handbook with you, another member of the team will conduct a play therapy session and work with your child for approximately twenty minutes. This session will allow an opportunity to get to know your child as well as give us a snapshot of his/her gross motor, fine motor, social-emotional and cognitive abilities. If the team's final assessment concludes that our camp program is appropriate for your child, registration will be completed. Please be prepared to pay the registration fee as well as the tuition.

- Emergency Card contains personal information including emergency contacts with phone numbers. The card must be completed and signed by a parent. We must be notified immediately of any changes in information on the card.
- Know Your Child Care Facility Brochure, published by the Florida Department of Children and Families, outlines the qualities of a good child care program, a qualified care giver and the parents' role in child care. Parents must sign a form acknowledging they have received a copy of the brochure.
- **The Flu Brochure,** published by the Florida Department of Children and Families, provides parents with information regarding prevention, causes, symptoms and transmission of the influenza virus and the flu. Parents must sign a form acknowledging they have received a copy.
- **The Contract Agreement** is a financial agreement for payment of the required camp registration and tuition fees. This must be signed by the parents acknowledging they have read and understand the agreement.

GENERAL CAMP INFORMATION

DAILY SCHEDULE

June 9th through August 8th Monday through Friday 8:30 a.m. – 3:00 p.m. Camp closed July 4th – Independence Day Campers will participate in outdoor activities daily (see camper attire)

Bag lunch, including beverage, should be brought by camper each day, unless otherwise noted on schedule. Snacks are encouraged. Preschool campers (ages 3-5) are to bring a blanket and pillow for rest time.

BEFORE & AFTER CAMP

A late fee will be charged after 5:30p.m. at a rate of \$15 for the first 15 minutes and \$1 every minute thereafter.

VALUABLES

All gaming systems including but not limited to Nintendo DSi, Nintendo DSi LL, and Nintendo 3D, PlayStation Vita, PlayStation PSP and iPad/tablet devices are not

permitted in camp at any time. If a device is used for communication purposes, please see the Camp Director for procedures in using the device during camp.

DROP OFF AND PICK UP

Each camper will be dropped off in the front of The Slomin Family Center between the hours of 8:15 a.m. and 8:25 a.m. Counselors will be in the front of the building to greet and escort campers into the building. If a camper arrives at 8:26 a.m., the parent/guardian must park their car and walk their child into the building. Attendance will be taken at 8:25 a.m.

CAMP DISMISSAL

Dismissal will begin at 2:50 p.m. All cars must have the required Slomin Camp sign posted on the dashboard of the vehicle with child's last name and student number. Campers will personally be escorted to each vehicle.

Parents/Guardians will be greeted at the front of the facility by the camp program staff. For the safety of everyone please no cell phone use during drop off or pick up times at The Slomin Family Center.

At 3:05 p.m. Campers who remain on campus will be held in the lobby under supervision until which time the parent arrives.

Every 15 minutes after the designated time (3:05 p.m.) a late fee will be charged by at a rate of \$15.00 for the first 15 minutes and \$1.00 for every minute thereafter. The administrative office must be notified by phone if a parent/guardian will be late.

EARLY DISMISSAL

If campers need to leave before dismissal time, parents are encouraged to notify the Camp Director in writing prior to dismissal. No early dismissal after 2:00 p.m.

DISCIPLINE

At the Center, we follow a center-wide positive behavior plan which enables children to participate in positive behavior supports and interventions personalized to meet the individual needs of each child. If necessary, an individual behavior intervention plan and functional behavior assessment will be completed and shared with the parent.

Every child will be taught the center-wide discipline plan of BRUTUS (Be Positive, Respect Others, Use inside Voices, Take turns, U be the best and Smile). When a child is observed exhibiting any of these positive behaviors, they may have the opportunity to earn Buckeye bucks. Children will have the opportunity to spend the Buckeye bucks in our Center store.

We strive each day to provide a personalized structured, nurturing, and positive learning environment that is conducive for each child to learn and thrive.

CAMP ATTIRE

The Center has a camp dress code policy. Camp T-Shirts and sneakers are ALWAYS required. Parents are encouraged to provide hat and sunscreen for their child. A **medication release form must be filled out in order for camp program staff to apply sunscreen to your child.** Please leave all valuable belongings at home. The Camp Director has the authority to address this issue. T-Shirts may be purchased for \$6.00 each.

Special Events: Please follow the camp calendar if special items and clothing are required for different camp activities.

All camp counselors and related camp staff are hired by The Slomin Family Center for Autism and Related Disabilities, Inc.

The hiring process includes a comprehensive Level II Background Screening of all staff and volunteer members.

"The Slomin Family Center for Autism and Related Disabilities, Inc. does not discriminate in admission, enrollment or access to, or participation in its programs and activities on the basis of disability, race, color, creed, gender, religion, marital status, veteran status, sexual orientation, ancestry, citizenship, or national or ethnic origin, age (provided that the applicant has the capacity to enter into a binding contract); or because the applicant's income derives from any public assistance program."



Summer Camp 2014 Application

Child's Last Name:		First Name:
Sex: Male Fema	le Age: Bi	irthdate:
Home Address:		
City/State:	Zip Code:	Home ()
Mother's Name (if applicat)le):	
Work Phone ()	Cell Pho	ne ()
Father's Name (if applicab	le:	
Work Phone ()	Cell Pho	ne ()
Legal Guardian (if applicat *Please provide legal Guardians)le):	
E-mail Address:		
Persons, other than yourse	elf, authorized to pick up your	r child: Password
Name:		Relationship:
Work Phone ()	Cell Pho	ne ()
Name:		Relationship:
Work Phone ()	Cell Pho	ne ()
Does your child have any a	allergies?	Type of allergy:
Is your child on medication	ı?	Type of medication:
Does your child have a lim	itation that requires an accor	nmodation to enjoy the program? YES NO
Please specify accommod	ation:	
You signature	indicates the informat	tion on this document is accurate.
Parent Signature:		Date:
Completion of medical in "The Slomin Family Center fo	release information is requi r Autism and Related Disabilities, Inc.	ired in order for this application to be complete. does not discriminate in admission, enrollment or access to, or

participation in its programs and activities on the basis of disability, race, color, creed, gender, religion, marital status, veteran status, sexual orientation, ancestry, citizenship, or national or ethnic origin, age (provided that the applicant has the capacity to enter into a binding contract); or because the applicant's income derives from any public assistance program."