

SOCIAL SECRET SPY ACADEMY

Thornebrooke Elementary
601 Thornebrooke Dr, Ocoee, FL 34761

A SOCIAL THINKING SUMMER PROGRAM

Presented by PALS for UCF-CARD



CHILD'S NAME: _____

IMPORTANT

PLEASE NOTE DIFFERENT TIMES/AGES

LOCATION / HOURS/DATES

LOCATION:

Thornebrooke Elementary
601 Thornebrooke Dr., Ocoee, FL 34761

DATES: July 10-13, 2017 & July 17-20, 2017

HOURS: 8am-11am

DAYS: Monday thru Thursday NO FRIDAYS

No early drop off or late pickup

COSTS

The cost of Secret Social Spy Academy is kept low for families through PALS fundraising efforts, collaboration and sponsorships, and reduced rates of space for the program from OCPS. Similar programs run \$600 per week, but due to the generosity of PALS and its donors, the 2016 Secret Social Spy Academy is only \$375 per student, per session, with 6 - 8 children per group . There is nowhere else in metro Orlando where you can receive this high level of quality social skills intervention from an expert staff at such a low price.

DEPOSIT

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to PALS. A **\$250.00** deposit (with processing fees, if applicable) is due with the Enrollment Application. **Deposits** are deducted from the total Secret Social Spy Academy costs and are **due with the application**. Mail deposits and Enrollment Applications to: **PALS, PO Box 781458, Orlando, FL 32878-1458**

PAYMENT

The full payment for Secret Social Spy Academy is due on or before **June 30, 2017**. Payments may be made by credit card VISA/MASTERCARD (processing fees will occur with Credit card payment), or by check or money order made payable to PALS. Payments by credit card and completed notarized applications must be sent by p US mail to PALS, PO Box 781458, Orlando, FL 32878. NO slots will be held until signed, notarized paperwork with payment is received.

CANCELLATIONS/REFUNDS

Secret Social Spy Academy requires a minimum enrollment of 6 students per group to participate for the session. If the number is not reached, the program may be cancelled. In this event, all funds paid will be returned, and you will be notified of this no later than **June 30, 2017**.

Registration fees paid will be refunded for cancellations if a written request is **postmarked or emailed** on or before **June 16, 2017**. No refunds will be made after **June 23, 2017**. **No exceptions**. This includes non-attendance due to illness of participant or personal family situations. **A one-time \$30.00 Processing Fee will be deducted from any cancellations received before the stated deadlines.**

CHILD’S NAME: _____

GROUND FOR DISMISSAL FROM SECRET SOCIAL SPY ACADEMY

The effectiveness of the program will depend on cooperation of the students and development of groups that can benefit from this higher-level social thinking curriculum. Not all students will be ready for this program at this time. Please read the description carefully and honestly consider if your child meets the criteria stated. Dismissal from Secret Social Spy Academy may occur for any child if the Secret Social Spy Academy staff, after conducting a functional assessment and using positive behavior support strategies, determines that the adult-child ratio cannot support the safety of the child or group or the child does not meet criteria set for the program. ***It is critical that your child is motivated to attend camp. Applicants who do not want to attend will not benefit from these services.**

TRANSPORTATION

Transportation **will not** be provided for daily pick-up and drop off.

WHAT DO SECRET SOCIAL SPY ACADEMY PARTICIPANTS NEED TO BRING WITH THEM DAILY?

Closed-toed shoes, preferably sneakers, are to be worn at all times. Please do not send child wearing flip-flops, sandals, or barefoot. Participants should bring water and a snack. **Please label everything that is brought to the program with your child’s name.** We cannot be responsible for items that are not labeled or are lost.

DO NOT BRING!

Participants **must not bring** the following items to camp: glass containers, pets, personal toys, cell phones, iPods, electronic games, or weapons of **any kind**.

LOST AND FOUND

A Lost and Found area will be provided for items left at camp at the end of each day. All unclaimed items will be donated to charitable organizations if not claimed one week after camp ends.

SNACKS & DRINKS

- Each child needs a snack and beverages. Finger foods work best.
- All food must be non-refrigerated food (*Food will be stored indoors, but you may want to supplement with an ice pack*).
- No microwaveable food items.
- Pack utensils and napkins.

Each session is Monday-Thursday for all dates

I understand registrations may be submitted by mail or in person, and registrations by telephone will not be accepted. I understand that to register I must complete the Enrollment Application and send a \$250. deposit. (Incomplete applications and/or applications without proper deposits will not be accepted.) I understand payments will be processed as they are received, but this does not guarantee placement for my child. Registration is on a first come, first served basis. A pro-rated refund check for any remaining time will be issued if my child cannot be served at Secret Social Spy Academy due to behaviors that may present a danger to self or others or that cannot be managed by staff and effectively benefit from the program. I understand that if my balance owed is not received by June 30, 2017, child will lose his/her slot in the Secret Social Spy Academy program. I understand there is a cancellation policy and no refunds will be made after June 23, 2017. No exceptions.

I am aware this program is not a County Public School (OCPS) program, but will be held in an OCPS facility.

CHILD'S NAME: _____

SOCIAL SECRET SPY ACADEMY 2017

Office Use Only
Received: _____
Sent for Approval: _____
Approved: _____
Input: _____
Charged Deposit: _____
Charged Balance: _____

Name of Child: _____ Birth Date: _____

My child just completed grade: _____ Male Female CARD Coordinator: _____

** A separate Enrollment Application and Secret Social Spy Academy Portfolio must be completed for each child.*

Parent/Guardian Information

Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Email	_____	Email	_____
Cell/Pager	_____	Cell/Pager	_____
Address	_____	Address	_____
City, State Zip	_____	City, State Zip	_____

Medical Background: Please see our policy on medical treatments-

Physician's Name: _____ Phone: _____

Child's Diagnosis? ASD Aspergers' Autism PDD-NOS Other _____

Does child have physical restrictions/limitations? Yes No If yes, what: _____

Is your child subject to seizures? Yes No Type: _____ Frequency: _____

Other special Conditions: _____

Allergies to drugs, foods, insects? Yes No If yes, what: _____

Is child on special diet? Yes No If yes, please explain: _____

Is child taking medication? Yes No NOTE: If yes, please complete and sign the Medication Release in this packet regardless if administered during program hours

Last Tetanus shot date: ___/___/___ Is child receiving? chelation IVIG NAET Other (specify) _____

Medical Insurance Company for Child: _____

Insurance Company Phone: _____ Policy Number: _____

EMERGENCY CONTACTS

1. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____

Work Phone: _____ Home Phone: _____

PEOPLE PERMITTED TO PICK UP YOUR CHILD

1. Name: _____ Phone _____

2. Name: _____ Phone _____

CHILD'S NAME: _____

Release Forms

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PALS/UCF CARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALS/UCF CARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PALS/UCF CARD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, assume all risks and hazards of the conduct of the program. In case of the unlikely event my child should be injured during this PALS subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Providing Autism Links & Support (PALS), their elected officials, and employees, the hosting entity, supervisors, or any volunteer connected with the program and hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

I DO grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

The Program, PALS and CARD are not responsible for items brought from home. For the safety of your child, please have your child prepared for activities (e.g. no sandals, flip-flops, or open toed shoes). Please make sure that your child wears clothing that is secure since many activities require a high level of energy (e.g. running, hopping, etc.) and for protection.

CHILD'S NAME: _____

I understand that my child (or self) may be dismissed from participation and I agree to remove my child (or self) within one hour of being notified of any violation of the Program Code of Conduct.

In consideration of my child being permitted to participate in Secret Social Spy Academy, I hereby release, waive, and discharge Secret Social Spy Academy, PALS, Audubon Park Elementary, Thornebrooke Elementary, OCPS, its agents and employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his/her property while participating in Secret Social Spy Academy. I am aware that in case of a medical emergency the staff will make all attempts to contact the emergency contact names and numbers that I have provided. If the staff is unable to make contact my child will be transported to the nearest hospital via ambulance and by signing I also agree to emergency treatment by a physician or hospital in the event that I cannot be reached.

Participant's Parent/Guardian _____
Date _____

MEDICATION/EMERGENCY RELEASE

_____ My child does NOT require these medications administered during camp hours. I understand I am ONLY listing them in case of emergency to inform medics. If medication is not administered during camp hours put NA under time.

_____ I give permission for my child, _____, to have his/her oral medication administered to him/her during camp hours by a SSSA staff person.: _____ has been examined within the last 12 months and no medical reason has been found that he cannot participate in this camp. His/her records show that all immunizations are up to date. Date of last tetanus and diphtheria immunization _____. If more than ten years ago, a booster shot is recommended. I agree that in case of an accident involving my child while attending this camp and with full awareness that some activities may involve risk or injury, I release SSSA/PALS/UCF-CARD, their trustees, employees, and servants from any and all liability. I understand that the SSSA, and UCF-CARD/PALS do not provide medical insurance and that I will be responsible for all medical expenses incurred. The program has adopted the following procedures in caring for your child when he/she becomes sick or injured while attending camp:

1) the program director (please note here on out the term program director may not necessarily be the actual director. It may be someone working with the program) will call home, if there is no answer, 2) the program director will call the father's, mother's or guardian's place of employment. If there is no answer, 3) the program director will call the other phone number's listed for emergency contact. 4) if none of the above answer, the program director will transport by a staff member or call an ambulance, if necessary, to transport the child to a local medical facility. 6) The program director will continue to call the parents, guardians until one is reached. If I cannot be reached and the program director authorities have followed the procedures described, I agree to assume all expenses for moving and medically treating my child. I also hereby consent to any treatment, surgery, diagnostic procedures or the administration of anesthesia which may be carried out based on the medical judgment of the attending physician.

By signing below, I agree to all the terms detailed above. In case of an emergency during program hours I understand that I will be the first one to contact to determine method of treatment. If I cannot be reached the

CHILD'S NAME: _____

other names on this form for emergency contact will be called. If a decision cannot be made via the phone, the program director may make the final decision for treatment and may request transport to the hospital via ambulance and I agree this will be at my cost.

Medication

Dosage

Time

Please list any medications your child is on even if they are NOT given during camp hours. If NOT given during program hours put NA under Time.

- 1. _____
- 2. _____
- 3. _____

Special instructions for administering medication:

Medication given at camp must be provided in its original container from pharmacy with dosage amount, directions, and prescribing physician name. If not, medication cannot not be administered.

NOTARY

All participants' registrations must be notarized.

State of Florida
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2017 by _____ who is personally known to me and/or produced _____ as identification and did/(not) take an oath.

Notary

Please make a photocopy of this completed application for your file.

Original notarized application and Registration/Payment forms must be returned to:

PALS
 PO Box 781458
 Orlando, FL 32878-1458

