

The
S O C I A L
summer social skill enhancement
Club
ESTABLISHED JUNE 2017

June 12-15, 2017

June 19-22, 2017

all day social

BASIC INFORMATION

LOCATION / HOURS/DATES

LOCATION:

Thornebrooke Elementary
601 Thornebrooke Dr., Ocoee, FL 34761

DATES: June 12-22, 2017

HOURS: 8am-5pm

DAYS: Monday - Thursday

NOTE: THERE ARE NO FRIDAYS- OCPS IS CLOSED

WHO IS ELIGIBLE TO ATTEND?

Individuals with diagnosis of High Functioning Autism (HFA), Asperger's Syndrome (AS) or Pervasive Developmental Disorder-Not Otherwise Specified (PDD-NOS) entering 2nd grade up to 5th. The following is a **description of a child who would benefit from social thinking skills training**

- Able to speak in sentences and answer questions
- Able to sit at a table activity and share materials with others
- Able to refrain from using aggression as a means to solve problems.
- Desires to interact with other children and develop friendships.
- Does not initiate appropriate social interactions or sustain social interactions
- Has difficulty working in groups
- Does not easily process the meaning of spoken messages
- Does not observe/take into account other's social cues due to limited eye contact
- Has difficulty attending in large groups; needs more direction
- Very literal in interpretation of all materials
- Difficulty recognizing and incorporating other person's perspectives
- Difficulty understanding the perspective of characters in literature
- Has difficulty talking about other people's topics of interest
- Makes off topic remarks or over focuses on details or topics of interest
- Attends to details, but misses the underlying concept of assignments, stories or pictures
- Has a good sense of humor, but may miss the subtleties of humor
- May not understand the difference of being laughed at or laughed with
- Doesn't understand when "too much humor" is "too much"
- Is limited in the ability to infer meaning, problem solve and predict academically and socially

COSTS

Each child attending The Social Club will receive a scholarship of \$100 per week through PALS fundraising efforts, collaboration and sponsorships. The price quoted has the scholarship already provided. The cost per week is \$525 for a UCF CARD Constituent and \$625 for a non UCF CARD Constituent. This cost includes: expert professionals in the field of ASD and their assistants to work with your child all day, the cost to rent the OCPS school, the bus, the driver, insurance, arts, crafts, games and daily community outings, Monday through Thursday from 8am until 5pm. The only thing not included in this cost is your child's food.

DEPOSIT

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to PALS. A **\$250.00** deposit (per week, with processing fees, if applicable) is due with the Enrollment Application. **Deposits** are deducted from the total THE SOCIAL CLUB total 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 THE SOCIAL CLUB is due on or before **May 19, 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

Full Name of Child: _____

THE SOCIAL CLUB requires a minimum enrollment of 8 students per week 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 **May 19, 2013 for Session I and June 13, 2016 for Session II.**

Registration fees paid will be refunded for cancellations if a written request is **postmarked or emailed** on or before **May 17, 2017**. No refunds will be made after **May 17, 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.**

GROUNDINGS FOR DISMISSAL FROM THE SOCIAL CLUB

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 THE SOCIAL CLUB may occur for any child if THE SOCIAL CLUB 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.

TRANSPORTATION

Transportation **will not** be provided for daily pick-up and drop off. Transportation will be provided for daily outings within the community to practice social skills with other club members and staff.

WHAT DO THE SOCIAL CLUB 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 lunch, drinks, extra water and 2 snacks. **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 club: 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 club at the end of each day. All unclaimed items will be donated to charitable organizations if not claimed one week after club ends.

SNACKS & DRINKS

- Each child needs 2 snacks (Finger foods work best)
- Make sure your child has plenty of water and other beverages for the full day
- 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

Full Name of Child: _____



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 THE SOCIAL CLUB 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: _____

Full Name of Child: _____

PEOPLE PERMITTED TO PICK UP YOUR CHILD

1. Name: _____

Phone _____

2. Name: _____

Phone _____

Major Likes - List things that your child really likes. Example: play dough, books, animals, etc.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Major Dislikes - List things that your child does not like or to avoid. Example: loud noises, water, sand, etc.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

Fears - List things that your child is very afraid of. Example: animals, thunder, rain, men with hats, etc.

- | | |
|----------|----------|
| 1. _____ | 5. _____ |
| 2. _____ | 6. _____ |
| 3. _____ | 7. _____ |
| 4. _____ | 8. _____ |

In order for our staff to safely support and manage your child at THE SOCIAL CLUB, **all** of your child's current or potential behaviors that may adversely affect him/her or others, **must** be identified.

Behaviors: List any behaviors that may occur at THE SOCIAL CLUB. **Include a copy of your child's IEP and individual behavior plan (if applicable) with the completed application form.**

Full Name of Child: _____



<input type="checkbox"/> June 12-15, 2017	UCF CARD Constituent	\$525.
<input type="checkbox"/> June 19-22, 2017	UCF CARD Constituent	\$525.
<input type="checkbox"/> June 12-15, 2017	Non UCF CARD Constituent	\$625.
<input type="checkbox"/> June 19-22, 2017	Non UCF CARD Constituent	\$625.
Total		\$ _____
Deposit due with application \$250.00 per week		\$ _____
Balance due by May 19, 2017		\$ _____

Release Forms

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 THE SOCIAL CLUB 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 May 19, 2017, my child will lose his/her slot in the THE SOCIAL CLUB program. I understand there is a cancellation policy and no refunds will be made after May 26, 2017. No exceptions.

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

I hereby give my consent for _____ to participate in THE SOCIAL CLUB.

Full Name of Child: _____

In consideration of my child being permitted to participate in THE SOCIAL CLUB, I hereby release, waive, and discharge THE SOCIAL CLUB, 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 THE SOCIAL CLUB. 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 _____

PHOTO RELEASE

I hereby grant permission for the above stated THE SOCIAL CLUB participant to appear in still or motion pictures for educational, promotional, or other proper purposes only. Yes No

Participant's Parent/Guardian _____

Date _____

MEDICATION/EMERGENCY RELEASE

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

____ I give permission for my child, _____, to have his/her oral medication administered to him/her during club hours by THE SOCIAL CLUB staff person.:

_____ has been examined within the last 12 months and no medical reason has been found that he cannot participate in this club. 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 club and with full awareness that some activities may involve risk or injury, I release TSC/PALS/UCF-CARD, their trustees, employees, and servants from any and all liability. I understand that the TSC, 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 club:

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.

Full Name of Child: _____

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 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 club hours. If NOT given during program hours put NA under Time.

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

Special instructions for administering medication:

Medication given at club 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 for page 6-7.

[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]
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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

Full Name of Child: _____

CREDIT CARD AUTHORIZATION FORM

THIS FORM IS PER CHILD PER SESSION

Card Type: ___ VISA ___ MasterCard ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: ____ (three digits on back of card)**4digits on front for Amex

Cardholder Name
(as appears on credit card): _____

CREDIT CARD BILLING ADDRESS

Name: _____

Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

PLEASE CHECK THE APPROPRIATE BOX(S) BELOW AND SIGN:

I, Cardholder listed above, hereby authorize Providing Autism Links & Support, Inc. (PALS, Inc.) to charge my credit card account the entire amount of \$____.00 plus a \$10 processing fee of \$10 for a total, paid in full amount of \$____.00.

I, Cardholder listed above, hereby authorize Providing Autism Links & Support, Inc. (PALS, Inc.) to charge my credit card account the deposit amount of \$ 250.00, plus a \$10 processing fee, for a total deposit of \$260.00 and I understand by checking this box I authorize PALS to charge the balance of \$____.00 plus the \$10 processing fee for a total of \$____.00 on **May 19, 2017**.

I, will need to make other arrangements for the payment.

Cardholder Signature

Date (MM/DD/YYYY)

Your completion of this authorization form helps us to protect you from credit card fraud.

All information entered on this form will be kept strictly confidential.

PALS, Inc. Tax ID: 01-0717788

Ph: 407-823-6020

Fax: 407-823-6012

Email: ucfcard@ucf.edu

After charge this form will be shredded for personal/confidential protection

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

Full Name of Child: _____

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.

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.

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.
