



# Let's Get Social! Summer Camp

**Not everyone is great at meeting friends.**

**This camp is designed to teach your child to be comfortable with new social situations. These are skills for life!**

- An integrated program that focuses on teamwork, social interactions, and appropriate conversation skills
- All campers benefit from individualized ABA programming supervised by a behaviour analyst (BCBA)
- Individualized goal development
- Themed dress-up days
- Outdoor play
- Music and movement
- Sports
- Arts and Crafts
- 1:2 staff to student ratio

Ages: 2-5 years

Location: First Foundations 1076 Rutherford Road (North East Corner of Rutherford and Thornhill Woods)

Fee List:

*NOTE: Mornings do not include First Foundations Fees:*

Program	Times	Cost Per Week	First Foundation Fees **9-12pm only
Shadowing at First Foundations Day Camp	9:00-12pm	\$600 <i>(incl. HST)</i> + FF fees	2 weeks - \$700 4 weeks - \$1200 6 weeks - \$1800 8 weeks - \$2300  Healthy Lunch Program: \$60/week
Let's Get Social! Afternoon Day Camp	12:30-3:30pm	\$675 <i>(incl. HST)</i>	
Social Skills Groups	3:30-5:30pm	\$450 <i>(incl. HST)</i>	
1:1 ABA Tutoring	3:30-5:30pm	\$550 <i>(incl. HST)</i>	

Please Note: All programs run Monday – Friday

Snacks are brought from home and must be completely nut free



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## Registration and Payment Policies and Procedures

### Refund Policy:

- Up to May 31st - 100% REFUND - \$25 Admin Fee per camper/per session
- 30 days notice for refund - 50%
- Less than 30 days notice - no refund available

### No Refunds for Partial Camp Attendance or Illness:

- We do not give refunds or credits when someone chooses to leave camp part way through, whether due to illness or any other reason. Virtually all of our expenses are incurred before the start of the camp week. Similarly, we cannot give refunds or credits to people who have registered for more than one session if they choose during their first session not to attend another session. (The exception to this is if we are able to fill the spot with someone on our waiting list.)

### Weather Conditions:

- Camp will take place in all weather conditions - should camp need to be cancelled due to extreme weather - campers will be notified the morning of the program and offered a credit for that day.

## Registration Form

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Please Choose Program:

- Monday – Friday Full Day Camp: 9:00am – 3:30pm
- Monday – Friday Half Day Camp: 12:30 – 3:30pm
- Extended Care + Tutoring: 3:30pm – 5:00pm

### Please Choose Sessions:

- July 3-6
- July 9-13
- July 16-20
- July 23-27
- July 30-Aug 3
- August 7-10
- August 13-17
- August 20-24

NOTE: Closed week of August 27-31, 2018

If your child is a current Kid Mechanix student, we will use the information on file to register your child for camp. If not, please fill out the form below.





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- d) Self-Help: \_\_\_\_\_
- e) Play/Leisure Skills: \_\_\_\_\_
- f) Social Skills: \_\_\_\_\_
- g) Gross Motor: \_\_\_\_\_
- h) Fine Motor: \_\_\_\_\_

## Medical Information

Doctor's Name: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Doctor's Address: \_\_\_\_\_

Allergies or Medical Problems: \_\_\_\_\_ OHIP Number: \_\_\_\_\_

Any conditions or behaviours that require special attention, medication or a special diet?

\_\_\_\_\_

Please list any history of communicable diseases (e.g. Measles, Chicken Pox, Meningitis, Pertussis, etc.)

\_\_\_\_\_ Date: \_\_\_\_\_ \_\_\_\_\_ Date: \_\_\_\_\_

Please check here if there is no history of communicable disease

## School Experience

Name of School: \_\_\_\_\_ Grade/Class: \_\_\_\_\_

Attended from \_\_\_\_/20\_\_ to \_\_\_\_/20\_\_ Educational Assistant: Yes No

## Siblings

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_



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**Marital Status**     Married     Separated     Divorced

Separated/Divorced how long: \_\_\_\_\_

Stepfather how long: \_\_\_\_\_                      Stepmother how long: \_\_\_\_\_

**Languages Spoken at Home:** \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

## Emergency Contacts and Pick Up Permission Form

Emergency Alternate Contacts (besides mother and father):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Please provide us with a list of people who have permission to pick up your child (besides mother and father):

- 1. Name: \_\_\_\_\_
- 2. Name: \_\_\_\_\_
- 3. Name: \_\_\_\_\_

*Please note that photo identification will be required for pick up from people other than primary caregivers.*



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## Program Concerns

Any programming issues or concerns are to be addressed directly with KM, and not through a third party, so that we may determine a plan to move forward/rectify the situation.

## Guidelines for Responsible Conduct

Behaviour Analysts (BCBA's) adhere to a code of ethics regarding responsible conduct. As a client, you have the right to lodge a complaint about professional practices of Behaviour Analysts with the BACB. Parents are encouraged to review this code: <http://www.bacb.com/ethics>

## Emergency Contact Form

In the case that an emergency arises: (please check)

- I grant permission to any staff member at Kid Mechanix Inc. and/or First Foundations Children's Academy to take whatever measures it feels proper and appropriate considering the circumstances.
- I give permission to have my child examined by a physician if the necessity arises.
- If, at any time, due to such circumstances such as accident, sudden illness, or emergency medical treatment is required, I give consent to emergency transportation.

## Confidentiality

KM ensures confidentiality with respect to your treatment, except in the case of abuse, risks of suicide or homicide, or any case from a judge. Email may be intercepted between the sender and the receiver and is therefore neither secure nor confidential. Your continued use of email communication confirms that you accept this risk. KM will abbreviate names (using learner's initials instead) in emails to help increase confidentiality. KM posts data sheets and program materials on google drive. We also communicate via email. You can choose to opt out of google drive and/or email at any point by contacting the director of KM.

## Email Consent

I am aware that email is not secure. However, it is a very fast and efficient way to communicate with team members.

- I grant permission for *Kid Mechanix, Inc.* to send me behaviour change programs (including data sheets, program materials, and team notes) via email as long as there is no identifying information on them.
- Do not send any programs or notes through email unless they are password protected.
- Please do not use email to communicate.
- Google Drive is okay.
- Dropbox is okay.
- No electronic documents are okay. (I recognize that this may slow down the programming process)



## Let's Get Social! Summer Camp

Kid Mechanix bills using Quickbooks invoices.

- I grant permission for *Kid Mechanix, Inc.* to send my invoices/receipts via email. I recognize that there is identifying information on the invoices/receipts, but that is okay.
- Only send me invoices/receipts via email that are password protected. Do not send me invoices/receipts via email. Please print and deliver the invoices/receipts during your next visit, or mail the invoices.

*Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at any time in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Kid Mechanix, Inc.*

### Photography Consent Form

Photographs and/or videos may be taken during sessions for teaching purposes and to document child progress. With consent, these images may be used for newsletters, parent communication, teaching materials, arts & crafts, bulletin boards within the centre, Kid Mechanix website, etc.

*Note: No identifying names will be issued with the pictures.*

Please initial beside all statements that apply:

- I grant permission for photos/videos to be taken and distributed to parents/guardian (i.e., to document progress) – this would be done via email or other web-based program
- I grant permission for photos/videos of my child to be used within the centre (e.g., for teaching purposes, bulletin boards, arts & crafts, etc.)
- I grant permission for my child to appear in Kid Mechanix/First Foundations newsletters
- I grant permission for my child to appear on the Kid Mechanix/First Foundations website/facebook/etc.  
Note: no identifying information will be used (i.e., names)
- I do **NOT** grant permission for any photos/videos to be taken of my child

*Note: I understand that any information pertaining to my child or my family will be kept confidential. I also understand that if I choose to decline permission now or to revoke my permission at anytime in the future, I may do so without any impact on my child's current or future programming or services. If I wish to revoke my permission in the future, I will submit my request in writing to Kid Mechanix, Inc.*



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## Consent

Behaviour Analysts involve the client in the planning and consent for behaviour change programs (including skill acquisition programs and behaviour reduction programs). Behaviour Analysts tailor behaviour change programs to the unique behaviours, environmental variables, assessment results, and goals of each client.

- I grant permission for KM staff to make functional behaviour change programs without my written consent each time. An updated data sheet and/or behaviour protocol sent to me is sufficient. If I disagree with program changes, I will send an email immediately or call for clarification.
- I want to review behaviour change programs with only significant modifications (i.e., change of goals, use of new procedures)
- I want to review every behaviour change protocol before implementation. I am aware that this may slow down the rate at which programming can be implemented.

## Parent/ Caregiver Contract

I hereby make application for the enrolment of the following child as a summer camper at Kid Mechanix. With my application I am including payment in full to the amount of \_\_\_\_\_. I understand and acknowledge the following refund policy:

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I acknowledge that I have read the application for enrolment and understand all policies.

Name of parent/guardian: \_\_\_\_\_ Name of child: \_\_\_\_\_

SIGNATURE of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_