



# 2018-2019 School Readiness Program

2 locations!

1076 Rutherford Road  
(Between Dufferin and Bathurst)  
Vaughan, ON  
L6A 1S2

1445 Eglinton Ave W  
(Eglinton and Allen Road)  
Toronto, ON  
M6C 2E6

*Affiliated with:* The logo for 'First Foundations Children's Academy' features the word 'First' in a green, sans-serif font with a small green figure of a child standing inside the letter 'i'. Below 'First', the word 'Foundations' is written in a larger, blue, sans-serif font. Underneath 'Foundations', the words 'CHILDREN'S ACADEMY' are written in a smaller, green, all-caps, sans-serif font.

**Note:** Because children are taught in 1:3 staff-to-student ratios, a free intake assessment will be conducted prior to enrollment to determine eligibility into specific programs.

# School Readiness and Social Skills Program

Ages 2-3 years *and* Ages 4-5 years

Our evidenced-based ABA programs are individualized for children ages 2-5 years old who have a developmental disability and need some extra 1:1 assistance in a variety of skill areas.

- Tuition includes integration into First Foundations Preschool + some pullout to target specific skills.
- Individualized programming overseen by a Board Certified Behaviour Analyst (BCBA)
- Program is assessed and re-evaluated regularly by a Board Certified Behaviour Analyst (BCBA)
- 1:3 staff to student ratio
- Communication includes a daily communication book + progress reports

Days	Hours	Tuition: Monthly Payments (Due on the 1 <sup>st</sup> of each month)
2 days per week	12:30 - 3:00	\$790/month <i>(incl. HST)</i>
3 days per week	12:30 - 3:00	\$1120/month <i>(incl. HST)</i>
4 days per week	12:30 - 3:00	\$1445/month <i>(incl. HST)</i>
5 days per week	12:30 - 3:00	\$1745/month <i>(incl. HST)</i>
Extended Day	3:00-5:00pm	\$55/hour <i>(incl. HST)</i>
Lunch	11:30-12:30	\$50/day <i>(incl. HST)</i> + FF healthy lunch fees

Free initial assessment to determine skill readiness

All materials are included in your session fee.

No credits or make-ups will be given for missed classes.

All food that is brought from home must be completely nut free

[www.kidmechanix.com](http://www.kidmechanix.com)

1076 Rutherford Rd., Vaughan

1445 Eglinton Ave W., Toronto

1-800-763-0582



# Registration and Payment Policies and Procedures

## Deposits and Registration Fee

We require a non-refundable, non-transferable deposit of \$50.00. This deposit is applied to last month's tuition payment.

## Payment Policies

**Tuition:** Please submit 9 post-dated cheques with your registration package dating from September 1<sup>st</sup> up to and including June 1<sup>st</sup>. Subtract the \$50 deposit fee from last month's tuition. Cheques are payable to Kid Mechanix, Inc. Please include your child's full name on the bottom of the cheque.

\*Alternatively, we accept credit cards (Visa, Mastercard, American Express) for a 3% fee – We will keep your credit card number on file.

**Lunch/Extended Day:** Please include the monthly cost of these programs in your 9 post-dated tuition cheques (see pricing above).

**Late Pick Up Fee:** There will be a late pick up fee of \$20 for every 10 minutes past scheduled pick up time. The late fee will be payable in cash or cheque upon arrival.

## Registration Confirmation

Kid Mechanix will confirm your registration via e-mail once all paperwork and payment have been received. Registration will not be considered formalized until you have confirmed back with us.

## Refund Policy

A child may be withdrawn from the program by providing one month's written notice. Any deposited tuition is **non-refundable**. All un-cashed, **unapplied** post-dated cheques will be destroyed or returned upon withdrawal. **Fees will not be refunded** for temporary illness or extended vacation.

## Attendance Policy:

Curriculum and lesson plans are created to address the needs of all the students in the group. Commitment and attendance of all registered participants is required to ensure the maximum benefit of all students. There are no refunds for missed sessions.



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## Registration Package Checklist:

- ✓ Deposit dated for the date of registration (\$50.00)
- ✓ 9 postdated cheques for tuition (and Lunch/Extended Day if applicable)  
Or visa/mastercard/amex information on file  
(Subtract \$50 deposit fee from first month's tuition)
- ✓ Completed registration package
- ✓ Photo consent form
- ✓ Up to date immunization forms

## Please Note:

Your registration will not be accepted without all of the above items. Please submit your registration package in person during school hours between 8AM - 6PM or by mail. Packages are accepted on a first come first served basis.

## Select which days that you are applying for:

- |                                     |                  |                                       |                   |
|-------------------------------------|------------------|---------------------------------------|-------------------|
| <input type="checkbox"/> Mondays    | 12:30pm – 3:00pm | <input type="checkbox"/> Fridays      | 12:30pm – 3:00pm  |
| <input type="checkbox"/> Tuesdays   | 12:30pm – 3:00pm | <input type="checkbox"/> Lunch        | 11:30am – 12:30pm |
| <input type="checkbox"/> Wednesdays | 12:30pm – 3:00pm | <input type="checkbox"/> Extended day | 3:00pm – 5:00pm   |
| <input type="checkbox"/> Thursdays  | 12:30pm – 3:00pm |                                       |                   |

## Select the location:

- Vaughan campus
- Toronto campus

Date of Application: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

Date of Admission: \_\_\_\_\_ / \_\_\_\_\_  
Month Year

### Applicant Information:

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Street City & Province Postal Code

Gender:  Male  Female Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Date Month Year

The Ministry of Education Requires that we have business numbers and address for both parents. You MUST fill this in even if you work from home or do not work.

Mother's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_\_ Business Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

### PERMISSION TO PICK UP AND EMERGECONY CONTACT

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

Permission to Pick Up	Emergency Contact and Phone Number
1.	1.
2.	2.
3.	3.

**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/Daycare: \_\_\_\_\_

Attended from \_\_\_\_\_ / 20\_\_\_\_ to \_\_\_\_\_ / 20\_\_\_\_

Educational Assistant: yes no

**Siblings:**

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

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

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

**Marital Status:** Married Separated Divorced

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

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

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

**Parental Goals:**

Fill in only the applicable categories: *Be as specific as possible. Use the other side of the paper if you need more room.*

a) Language/Communication Goals: \_\_\_\_\_

b) Behaviour Reduction: \_\_\_\_\_

c) Academic: \_\_\_\_\_

d) Self-Help: \_\_\_\_\_

e) Play/Leisure Skills: \_\_\_\_\_

f) Social Skills: \_\_\_\_\_

g) Gross Motor: \_\_\_\_\_

h) Fine Motor: \_\_\_\_\_

**Likes/Dislikes:**

List some of your child's likes: \_\_\_\_\_

List some of your child's dislikes: \_\_\_\_\_

## 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 Consent Form

In the case that an emergency arises, 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.

PRINT name of parent/guardian: \_\_\_\_\_

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

## 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)



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.*

## 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 pupil at Kid Mechanix for the year 2018/2019. Child's Name: \_\_\_\_\_

With my application I am including a deposit in the amount of \$50.00.

I understand that this deposit is **non-refundable under any circumstances**. I understand that if I cancel my child's registration or any portion of my child's registration prior to September 2018, I will not receive **any** refund for my deposit. I agree that if I withdraw my child from the program at any time during the school year, I will not receive any refund for my deposit or already cashed cheques. I agree to abide by the rules and regulations of the school.

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

PRINT name of parent/guardian: \_\_\_\_\_

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