



# Registration Package

## Registration and Payment Policies and Procedures

### Intake:

- A complementary 30-minute intake assessment is required to determine eligibility
- If Kid Mechanix is a good fit, then the registration process will begin

### Registration:

- A non-refundable payment of \$110 is required via credit card.
- Goals will be determined, a program will be developed, and an intake report will be written.
- Once your child begins, a more in-depth assessment will be conducted to ensure accuracy of goals.
- The \$110 intake fee will be applied against your child's first session when your child begins at Kid Mechanix within 30 days of registration confirmation.

### Payment Policies:

- As mentioned above, an initial credit card payment of \$110 is required upon registration. This amount will be applied to your child's first session when he/she begins at Kid Mechanix within 30 days of registration confirmation.
- Invoicing will occur in advance during the first week of the month for that month's pre-determined therapy sessions.
- Payment is required within 15 days via cash, cheque (payable to *Kid Mechanix, Inc.*) or e-transfer to [accounting@kidmechanix.com](mailto:accounting@kidmechanix.com)
- If payment is not received within 15 days, a 3% late payment fee will be applied and the credit card on file will be charged.
- With 24 hours notice, cancelled sessions will be credited and applied to the following month's invoice.

### Registration Confirmation:

- Kid Mechanix will confirm your registration via email once all paperwork and payment have been received.
- **Registration will not be considered formalized until you have confirmed back with us and the intake fee of \$110 has been paid.**
- If your child begins at Kid Mechanix within 30 days of registration confirmation, this fee will be applied to your first session. Otherwise, the registration fee is non-refundable.

### Refund Policy:

- A child may be withdrawn from the program by providing one month's written notice.
- Any deposited tuition is non-refundable.

### Attendance Policy:

- Kid Mechanix programs are designed to be intensive.
- Commitment and attendance is required to ensure the maximum benefits of all students.
- If a student cancels two or more times within one month for two months, Kid Mechanix has the right to terminate services.



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## 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.

## Cancellation Policy:

- A notice of 24 hours is required in order to wave charges for your ABA session.
- Sessions can be cancelled via email, text, or phone call to the Program Director.

## Sick Policy:

As per our handbook, your child must be kept home if your child is sick with any of the following:

**Colds:** A child who has a runny nose that is NOT CLEAR should be kept home until it is clear. We understand that many children have runny noses for the duration of fall/winter and a CLEAR runny nose is acceptable. A child with a runny nose that is green/yellow will be considered not well to attend. Similarly, if a child with a clear runny nose requires constant wiping that is interfering with the instructors responsibilities, your child will be asked to remain at home until the cold has subsided.

**Contagious Diseases:** If your child has a contagious disease please notify the centre *immediately*. Your physician will give you a timeline for return to school.

**Pink Eye:** Any child with white or yellow eye discharge, eye pain, or redness in the eye, eyelid or skin surrounding the eye should remain at home and be checked by a physician. This could be pink eye, an extremely contagious virus. Your child may return to school after 24 hours of antibiotic treatment.

**Fever:** Fever is defined as an elevation above the normal temperature of 98.6 Fahrenheit (37 Celsius) by mouth or 99.6 (37.5 Celsius) by rectum. A child should be fever-free for 24 hours before returning to the centre.

**Influenza:** A child who displays more than one of the following symptoms should stay at home and be checked by his/her physician; fever, vomiting, persistent coughing, congestion, chills or muscle aches.

**Rashes:** A child with an unidentified rash that is spreading and/or getting worse should remain at home and be checked by a physician.

**Swollen Throat:** A child should remain home and be checked by a physician for strep throat. This is extremely contagious and the child should not return to the centre until 24 hours after the start of medication.

**Vomiting and Diarrhea:** The child should stay at home for 24 hours after the symptoms have ceased.

## \*\*\*Please Note \*\*\*

It is up to the discretion of your child's instructor or the Program Director to determine if your child is unwell and cannot be at the centre. If we determine that your child is not well enough to be at the centre, you will be contacted to pick up your child. You will be charged for the session. A doctor's note may be required in order for your child to return to Kid Mechanix.



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## ABA Consultation and Session Observations

### Parent Meetings:

- There will be a complimentary 30-minute parent meeting with the Program Director within the first month of your child's start date. This meeting is to review ABA goals with parents.
- In addition, as part of regular programming, there will be two scheduled parent meetings throughout the school year to discuss goals and progress. These meetings typically occur in September and January.
- Parents have the option of purchasing additional on-site meetings with the Program Director. The fee is \$55/hour.

### Additional Meetings/School Visits:

Any visits offsite for school meetings (IPRC, IEP etc.), in-home parent training, or any other related services will be billed at \$110/hour.

If the travel time required exceeds 10km or 20 minutes, then travel will be billed at the hourly rate (\$110/hour).

### Observation of Sessions:

- Kid Mechanix has an open-door policy. We welcome parents to observe your child's ABA program, as long as it doesn't interfere with learning.
- All observation sessions must be booked in advance with the Program Director and you will be asked to sign a confidentiality waiver.
- Note: An open-door policy also means that other parents may inadvertently witness your child in ABA programming. A concerted effort is taken to minimize exposure to your child's ABA programming by others.

## Session Information

Select which days that you are applying for:

- Mondays – Time: \_\_\_\_\_
- Tuesdays – Time: \_\_\_\_\_
- Wednesdays – Time: \_\_\_\_\_
- Thursdays – Time: \_\_\_\_\_
- Fridays – Time: \_\_\_\_\_

Select the location:

- Vaughan campus (1076 Rutherford Rd)
- North York campus (37 Southbourne Ave)
- Toronto campus (1445 Eglinton Ave W)





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## 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: \_\_\_\_\_

**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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## Child's Likes/Dislikes

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

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

## 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: \_\_\_\_\_

List any additional information here:

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# Registration Package

## Program Concerns

Any programming issues or concerns are to be addressed directly with Kid Mechanix, 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

Kid Mechanix 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. We typically communicate via email – unless you opt out. Kid Mechanix will abbreviate names (using learner's initials instead) in emails to help increase confidentiality. Kid Mechanix stores data sheets and program materials on Google drive. Any confidential information with names and birthdates is stored on Sync.com (a PHIPPA compliant cloud-based storage). You can choose to opt out of Google drive, Sync.com, and/or email at any point by contacting the director of Kid Mechanix.

Because Kid Mechanix has an open-door policy (please check both boxes):

- I understand that my child may be viewed by others observing. Under no circumstance, will other observers view my child's data or progress.
- I understand that other caregivers may overhear instructor feedback about my child at drop off or pick up. If I have anything confidential to say, I should discuss this with instructors outside of earshot of other caregivers and/or make an appointment to talk to the Program Director.



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## 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.*





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## 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.



# Registration Package

## Parent/ Caregiver Contract

I hereby make application for the enrolment of my child at Kid Mechanix. With my application I am including a non-refundable credit card payment of \$110 that will be applied to my first month's payment when my child begins within 30 days (refer to Page 1).

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

PRINT name of child: \_\_\_\_\_

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

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

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## Credit Card Information

Please provide your credit card information below. Once this information will be entered into Quickbooks Online (secure accounting software, protected by Intuit), it will be destroyed.

I authorize a non-refundable deposit of \$110.00 that will be applied towards my child's first session when he/she begins at Kid Mechanix within 30 days of registration confirmation.

I also understand that my credit card will be charged, along with a 3% late fee, if late payment occurs (refer to page 1).

Credit Card Number: \_\_\_\_\_

Expiry: \_\_\_\_\_ / \_\_\_\_\_ CVC: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_