



LOCATIONS/HOURS

- Breakthrough Behavior RDV Clinic – 8701 Maitland Summit Blvd. Orlando, FL 32810
- Breakthrough Behavior East Orange Clinic - 12702 Science Dr Orlando FL 32826

Camp hours are: 9:00am – 2:00pm. **No early drop off or late pickup unless you have elected for aftercare.**

DEPOSIT

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to Breakthrough Behavior. A \$100.00 per week, per camper, deposit is due with the enrollment application. Deposits are deducted from the total camp costs for each week. Mail deposits and enrollment applications to:

Breakthrough Behavior HQ
2301 Maitland Center Pkwy #240
Maitland, FL 32751
socialskills@breakthroughbehavior.com

DO NOT RETURN THIS PAGE KEEP FOR YOUR REFERENCE

PAYMENT

The full payment for each week registered is due on or before **June 1st, 2020. Cost before May 1st is \$400 per week. After May 1st, it is \$450 per week.** Payments may be made by credit card VISA/MASTERCARD, or by check or money order made payable to Breakthrough Behavior. Completed applications must be mailed to the address above or dropped in person at Breakthrough Behavior. There will be a \$35 fee for any checks returned for non-sufficient funds. Camp InterACTION! is a PLSA Provider and accepts scholarship funds.

CANCELLATION/REFUNDS/WAITING LIST

If your application is received after maximum number of available camp slots are filled – you will be placed on a waiting list for camp. You will be notified by June 1st, 2020 if a slot becomes available for your child to participate in camp. If a slot does not become available, your deposit will be returned in full. No refunds will be made after **June 1st, 2020. No exceptions. All cancellations must be in writing by June 1st, 2020 either by email or post marked mail** (*Please note that it may take 4-6 weeks for a refund check to be processed*). This includes non-attendance due to illness of camper or personal family situations. **A one-time \$30.00 Processing Fee will be deducted from any cancellation accepted prior to June 1st, 2020.** All camps are pending an 8 student registration to cover staff costs. If 8 participants are not registered, the program may be canceled, and all funds refunded.

DISMISSAL FROM CAMP

Dismissal from camp may occur for any child if after conducting a functional assessment and providing behavior strategies, determines that the adult-child ratio cannot support the safety of the child or group. **Please note the staffing ratio is not designed for campers who need full-time one-on-one assistance or who have significant behaviors such as self-injury, aggression, elopement, safety, etc.** If a camper is dismissed, fees paid will be refunded, minus the deposit(s)/and or costs per day that child was in camp.

TRANSPORTATION

Transportation will not be provided for daily pick-up and drop off to the camp.

ACTIVITIES

All campers will follow the TeachTown Social Skills curriculum. Activities that accompany the curriculum include group game play, art activities, role play and peer-directed activities.

WHAT DO THE CAMPERS NEED TO BRING WITH THEM DAILY?

Closed-toed shoes (preferably sneakers) are to be worn at all times. Please do not send child to camp wearing flip-flops, sandals, or barefoot. Campers should bring sunscreen (in case we go outside for extended periods), a change of clothes, lunch, and snacks. Please label everything that is brought to camp with your child's name. We cannot be responsible for items that are not labeled or are lost.

DO NOT BRING!

Campers **must not bring** the following items to camp: glass containers, pets, personal toys, cell phones, iPods, iPads (unless it is a communication device), 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.

MEDICATION DISTRIBUTION

Any camper requiring medication to be **administered at camp must complete a Medication Release** Form. Medication **will not** be administered to a camper without this signed form. Medication must arrive in its original container with a valid expiration date, dosage directions, and prescribing physician's name.

MEDICAL POLICY

While we realize families may pursue a variety of medical and/or biological treatments, as well as medication changes, camp is not a good time to try new treatments/medications. Based on our previous experience, we cannot support campers who are in active biomedical treatments and/or undergoing medical trials; such as chelation, IVIG, NAET, etc. We appreciate your cooperation and understanding.

FOOD AND BEVERAGE

- Each child needs lunch, a snack and beverages packed every 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.
- Please provide plenty of liquids for your child to stay hydrated.
- Parents will be notified in advance of any field trips where lunch or snack can be purchased or is provided

ATTENDEE REQUIREMENTS

This program is NOT designed for children who need one-to-one assistance or have significant non-compliant, self-injurious, elopement, or aggressive behavior. Camp InterACTION! is best suited for children who are able to participate in the following:

- Verbal abilities to communicate with others using either vocal speech, picture communication, electronic communication device, etc.
- Basic social skills (ex: eye contact, requesting, joint attention, listening skills, ability to attend, etc.)
- Willingness to actively participate in the group with others
- Ability to sit for an age-appropriate amount of time without 1:1 assistance or constant prompting
- Toilet trained
- Independent eating skills

CAMP InterACTION! APPLICATION

1 application per child

Office Use Only

Received: _____
Location: _____
Group: _____
Dates: _____
Charged Deposit: _____
Charged Balance: _____

CAMP INTERACTION!

Name of Child: _____ Birth Date: _____ Male Female

School Name: _____ Grade: _____ Teacher: _____

Teacher's Phone: _____ Teacher's Email: _____

Classroom Setting:

- General education classroom (100% of the day)
 General education classroom majority of the day (more than 50%)
 General education classroom occasionally (less than 50% of the day)
 Other (ex. low ratio classroom, homeschool, etc.): _____

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	_____

Emergency Information

1. Name: _____ Relationship: _____ Contact # _____
2. Name: _____ Relationship: _____ Contact # _____

Other People permitted to pick up your child

Name: _____ Contact # _____
Name: _____ Contact # _____

Medical Background: Please see our policy on medical treatments on page 5

Physician's Name: _____ Phone: _____

Does your child have a disability? Yes No If yes, what: _____

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

Other special Conditions: _____

Name of Child: _____ Birth Date: _____ Male Female

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: all medications your child is taking MUST be listed even if they are not administered during camp hours. If given during camp hours, please complete and sign the Medication Release in this packet

Last Tetanus shot date: ____ / ____ / ____

Medical Insurance Company for Child: _____

Insurance Company Phone: _____ Policy Number: _____

Communication: Please send to camp any communication system used with child

My child: _____ is nonverbal _____ has some language _____ is full verbal _____ uses a device
_____ uses Picture Symbols _____ uses a Communication Board _____ uses Sign Language _____ points
_____ goes and gets item _____ cries _____ other: _____

Major Likes- List things that your child really likes or enjoys. 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 tends to avoid. Example: loud noises, water, sand

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

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

PLEASE NOTE: Campers must be able to be managed in a **1:4 staff to camper ratio** and manageable in a group setting of 8-12 campers.

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

Name of Child: _____ Birth Date: _____ Male Female

MEDICATION RELEASE

I give permission for my child, _____, to have his/her oral medication administered to him/her during camp hours by a camp staff person. I understand the medication MUST be sent in the original bottle otherwise medication cannot be dispensed.

My child DOES NOT require medication administered during camp hours.

Please list any medications that your child is taking even if it is NOT during camp hours. In case of emergency we must know this.

	Medication	Dosage	Time
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

STOP! The next 2 pages must be done in front of a notary.

Must be signed and dated in front of a notary and notarized. Applications without a notary will not be accepted.

We can provide a free notary by visiting the Breakthrough Behavior Headquarters at 2301 Maitland Center Pkwy, Suite 240 Maitland, FL 32571 (APPOINTMENT REQUIRED). Make an appointment by calling (407) 574-6568 and ask to speak with Taylor Kelly.

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 **\$100 per week per camper** deposit. (Incomplete applications and/or applications without proper deposits will not be accepted.) I understand payments will be processed as they are received on a first come first serve basis, but this does not guarantee placement for my child. I understand that if my balance owed is not received by June 07, 2020, my child will lose his/her slot in the camp program and may forfeit any funds paid. I understand there is a cancellation policy and no refunds will be made after June 07, 2020. **I understand that if my child cannot be served at the camp due to behaviors that may present a danger to self or others or that cannot be managed by staff, a refund check for any remaining weeks will be issued.** I am aware this camp program is not a County Public School program and will only occur if participant capacity is reached.

I hereby give my consent for _____ to participate in Camp InterACTION!
Child's name

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 BREAKTHROUGH BEHAVIOR 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 BREAKTHROUGH BEHAVIOR 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 BREAKTHROUGH BEHAVIOR 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 program, I do hereby waive all claims or legal actions, financial, or otherwise against Breakthrough Behavior, 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 photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

The Program and Breakthrough Behavior 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.

Participant's Parent/Guardian _____ Date _____ - _____

Participant's Parent/Guardian _____ Date _____

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

State of _____ County of _____
The foregoing instrument was acknowledged before me
this _____ day of _____, 20_____.
by _____

My Commission Expires _____

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

Original notarized application, registration form and payment must be returned to:

Breakthrough Behavior
8701 Maitland Summit Blvd.
Orlando, FL 32810
www.BreakthroughBehavior.com
socialskills@breakthroughbehavior.com

Name of Child: _____ Birth Date: _____ Male _____ Female



DATES – LOCATION - PAYMENT

PLEASE SELECT THE WEEK(S) THAT IS BEST FOR YOUR CHILD.

All locations and dates are from 9am-2pm Monday-Friday.

Beginner Group (Ages 5-8)

- June 8th – June 12th @ RDV Clinic
- July 6th – July 10th @ East Orange Clinic

Intermediate Group (Ages 8-12)

- June 15th – June 19th @ RDV Clinic
- July 13th – July 17th @ East Orange Clinic

Advanced Group (Ages 12-16)

- June 22nd – June 26 @ RDV Clinic
- July 20nd – July 24th @ East Orange Clinic

After-Care Services (Optional)

We understand that parents & caretakers may have work or other obligations that extend past 2:00 PM daily. Breakthrough Behavior is offering an after-care option from 2:00 PM – 5:00 PM daily, for a cost of \$15.00 per day. Families may choose the after-care option for some or all of the days in any given week of camp. Please indicate which days you would like to place your child in after-care:

Week: _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Week: _____

Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CREDIT CARD AUTHORIZATION

Camp InterACTION!

Camper Name: _____

Card Type: Visa MasterCard Amex

Credit Card Number: _____

Expiration Date: _____/_____/_____ VID/CVV Code: _____ (3 numbers on back of Visa/MasterCard and 4 digits on the front of Amex)

CREDIT CARD BILLING ADDRESS

Name: _____

Organization: _____

Address: _____

City: _____ State: _____

Telephone: _____ Email: _____

I, Cardholder listed above, hereby authorize Breakthrough to charge my credit card account the deposit amount of \$100.00 plus a \$10 processing fee, for a total of \$110.

I understand by checking this box, I authorize Breakthrough Behavior to charge the balance plus the \$10 processing fee for **the total balance** on June 07, 2020.

I will send a check made payable to Breakthrough Behavior for the balance and understand it must be received on or before June 07, 2020 for my child to participate.

Signature of card holder: _____

Date: _____