



848 Executive Dr. Oviedo, FL 32765
Tel: 407-678-8889, Toll Free: 1-866-569-7395, Fax: 407-678-8885
Email: info@myalpine.org
Website: www.myalpine.org, www.interventionsunlimited.com

2020 ABA Virtual Social Skills Summer Program

Child's Name: _____

- Summer Camp Application
- Application Fee (*\$40 nonrefundable*)
- Signed Media Release

Administrative Use:

Date Application received: _____

Received By: _____

Date Application received: _____

Application Fee Received: _____

Tuition Received: _____

Payment Method: Check #: _____ Credit Card

Received by: _____



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2020 ABA Virtual Social Skills Summer Program

Dear Parent/Guardian,

Thank you for choosing our company for your child during the summer! In lieu of our usual on-campus social skills summer camp, **we are offering a live virtual program this year**. Our programs are designed to offer a consistent structure with a focus on the social needs of the children. Our goal is to provide a motivating, positive, therapeutic, and most importantly ***fun*** experience for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Our Virtual Social Skills Program will focus on developing, strengthening, and maintaining social relationships with peers in a fun and interactive virtual environment. In collaboration with our ABA therapy company, Interventions Unlimited, this program utilizes the principles of Applied Behavior Analysis (ABA) to teach children specific skills required for successful social interaction.

Please note that the application does not guarantee acceptance of your child into the program. We strive to provide a positive and beneficial learning experience for all the children enrolled. In order for a camp group to be formed we need a minimum of 3 children per group, if a group cannot be created with age appropriate peers camp tuition will be refunded. Each peer group will be a maximum of 6 students to allow individual attention and practice.

After we receive your application, we will notify you of your child's acceptance. We look forward to the prospect of meeting you and having your child with us this summer. In the meantime, if you have any questions or concerns, please contact us. Email is our primary means of communication with you regarding camp announcements. Please be sure to provide us a valid email address.

2020 Virtual Social Skills Summer

Program Dates: June 8th to July 17th (6 weeks), Monday to Friday except for Friday, July 3rd 2020 in observance of Independence Day.

Hours: 1 hour each day Morning Session between 9 am and 12pm or 1 hour Afternoon Session between 1 pm and 3 pm. Please see detailed schedule in the application.

Payment

The application fee is nonrefundable.

At the time of application, tuition payment is required in full for the entire registered sessions.

A full refund of paid tuition will be issued if your child is not accepted into the selected program.

Cancellation

75% of your tuition payment will be refunded if a written request of cancellation is received on or before June 5, 2020.

50% of your remaining tuition payment will be refunded if a written request of cancellation is received before the end of the first week of camp.

No refund will be issued if the parent/guardian cancels after the first week of the camp. This includes non-attendance due to illness or other reasons.

Privacy

To protect the privacy of all the campers; photography, video and/or recording of the camp is prohibited.

I have reviewed the above policy and hereby give my consent for my child _____ to participate in the 2020 Summer Camp.

Parent/Guardian Signature

Date

Witness

Date



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2020 SOCIAL SKILLS SUMMER PROGRAM APPLICATION

Please indicate the weeks you would like to enroll your child.

Applicants applying for the entire 6-week full-day program will be given priority in acceptance. In the table below please select up to 3 preferred and available time slots.

Select the session (s)	Weeks	9 a.m. - 10 a.m.	10 a.m- 11 a.m.	11 a.m. - 12 p.m.	1 p.m. - 2 p.m.	2 p.m. - 3 p.m.
<input type="checkbox"/>	Entire Program (3 x 2-week sessions)					
<input type="checkbox"/>	Weeks of 6/8/20 & 6/15/20					
<input type="checkbox"/>	Weeks of 6/22/20 & 6/29/20					
<input type="checkbox"/>	Weeks of 7/6/20 & 7/13/20					

*We will make every effort to accommodate your preferred time selections, but age and group appropriate peers may change the time slot.

Application Fee (Nonrefundable): \$40

Tuition

\$180 per 2-week session



2020 SUMMER CAMP PAYMENT

Payment must be submitted at the time of application! Please make 2 separate payments for the application fee and the tuition. We will not deposit your tuition payment until your child is accepted. Please make the checks payable to **Alpine Academy.**

Child's Name: _____

Application Fee:	<input type="checkbox"/> \$40
Tuition:	<input type="checkbox"/> Entire program of three 2-week sessions: \$540 <input type="checkbox"/> Base <u> \$180 </u> x sessions = Total
Total Due:	

Payment

Please make application fee and the tuition in separate checks payable to **ALPINE ACADEMY.**

Please find enclosed checks in the amount of:
 \$ _____ (application fee) and \$ _____ (tuition)

Credit Card Payment

Please expect to see 2 separate credit card charges one for the nonrefundable application fee and one for summer camp tuition.

Type of Credit Card (please circle)	<input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Discover
Cardholders Name (as it appears on the card)	
Billing Address (street, city, state, zip)	
Card Number	
Expiration Date	
CVV Number (located on the back of the card)	

Background Information:

Child's Name: _____ **Date of Birth:** _____

Present School Grade _____ Name of the School _____

What type of classroom is you child currently enrolled in?

Father's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

Mother's Name: _____

Home Address: _____

Home Telephone: (_____) _____ Cell phone: (_____) _____

Email: _____

With whom does the child live with? _____

Does your child have a medical diagnosis? Yes _____ No _____

If yes, what diagnosis? _____ Diagnosed By: _____

Age at Diagnosis: _____

Behavior

The focus of our summer program is social skills development. It may not be suitable for children with high levels of problem behaviors. These behaviors can be better addressed through our 1:1 ABA therapy program.

What motivates your child? (List your child's LIKES and DISLIKES: any items, activities, or foods)

LIKES	DISLIKES

List some of your child's STRENGTHS and CHALLENGES:

STRENGTHS	CHALLENGES

What are things that upset your child the most?

Does your child have a way to self calm? Is there any object or activity that helps him/her return to a calm state?

Are there any behavior concerns that we should be aware of:

My child can reliably and frequently communicate using at least 3-5 word sentences.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child will sit & follow directions in a virtual group instructions (1:6 ratio) for at least 15 minutes without engaging in any problem behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child engages in frequent disruptive behaviors. If yes, please describe: <hr/> <hr/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you comfortable and able to assist your child with summer camp if needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

What concerns you about your child's social interaction?

What skills would you like your child to learn in our camp?

I attest that to the best of my knowledge, the information provided on the application is accurate. I have read all of the camp policies and procedures.

Parent Signature: _____



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2020 Virtual Summer Camp Release Forms

Photo and Video Taping Release

I hereby give consent for photography and record the virtual camp that will only be used by Alpine Academy and Interventions Unlimited, Inc. for educational, training and promotional purposes only. Photos or videos containing image of my child may be posted on the organization's website or social media page.

Parent/Guardian Signature: _____ Date: _____

Liability Release

I acknowledge that my child has been accepted and permitted to participate in the summer camp. I hereby release, discharge, and waive Alpine Academy, Interventions Unlimited, Inc., and their employees from all liability for loss or damages, and any claims for damage. I have disclosed all relevant information regarding my child.

Parent/Guardian Signature: _____ Date: _____