



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

2021 ABA Social Skills Summer Camp

Child's Name: _____

- Summer Camp Application
- Application Fee (*\$50 before April 9, 2020 or \$65 after April 9, 2020*)
- Signed Medication Administration Form
- Consent to Transport in Case of Emergency
- Signed Media Release
- Consent for Water Day

Administrative Use:

Date Application received: _____

Received By: _____

Date Application Fee received: _____

Amount Received: _____

Check #: _____

Received by: _____

Date Tuition received: _____

Amount Received: _____

Check #: _____

Received by: _____



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2021 ABA Social Skills Summer Camp

A full-day in-person program

Dear Parent/Guardian,

Thank you for choosing our school for your child during the summer! Our programs are designed to focus on the social needs of the children. Our goal is to provide a motivating, positive, therapeutic, and most importantly ***fun*** learning environment for your child. Please review the following policies and complete all the enclosed forms in your application packet.

Our Social Skills Camp will focus on developing, strengthening, and maintaining social relationships with peers in a fun and interactive 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. For this reason, some children may be accepted on a trial basis to ensure that he or she will benefit from our social skills summer program. Space is limited, and we encourage you to apply at your earliest convenience.

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 join 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.

2021 Summer Social Skills Camp Dates: June 7th to July 16th (6 weeks), Monday to Friday except for Monday, July 5th, 2021 in observance of Independence Day.

Hours: 9:00 a.m. to 3:00 p.m. Aftercare is available until 5:00 p.m.

Half-day options are also available for morning or afternoon only

Payment

The application fee is nonrefundable.

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

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

Cancellation & Dismissal

75% of your tuition payment will be refunded if a written request of cancellation is received on or before May 7, 2021.

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.

Alpine Academy reserves the right to dismiss a camper from the summer program due to inappropriate placement. Should your child be dismissed from the program, the remaining paid tuition balance will be refunded.

50% of the remaining paid tuition will be refunded if the child is dismissed from the program due to health or behavioral issues that are not disclosed in the application.

COVID-19 Policy

COVID-19 is a community widespread pandemic at this time. Alpine Academy is following CDC and all government guidelines with added safety procedures to prevent the spread of the virus to the best of our ability. We ask that all of our parents to acknowledge the risk and agree to follow the procedures.

In the event of a widespread illness or physical disaster, Alpine Academy will follow the guidance of the local health department and the Florida Department of Education regarding community-wide quarantine or a stay at home mandate and implement the Emergency Operations Plan. In the event of a community-wide quarantine or a stay at home mandate, campers will stay home until further notice. A communication system will be developed to communicate with campers and staff. All extracurricular activities will be cancelled or postponed.

A wellness screening certificate is required for all campers before attending camp.

Guidelines to be adhered to in order to prevent COVID-19 spread:

Safety Procedures: Social distancing will be implemented when appropriate and minimized mingling in common areas by staff and campers. In addition, the following procedures are implemented:

1. Daily temperature check and wellness screening for all campers and employees
2. All employees are required to wear masks (campers are encouraged to wear masks but not required)
3. Signage and markers to increase social distancing
4. Modified seating arrangements
5. Desk top partitions
6. Spread out the arrival and dismissal
7. Minimized rotations of groupings and classes during the day
8. Minimal material sharing and there will be thorough sanitizing between usage
9. Virtual meetings
10. Minimize visitors to the building

Cleaning & Sanitation: Cleaning of the building will occur three times per day, and as needed, all hard surfaces will be wiped down with a bleach/water solution, sweeping of the floors, and cleaning the bathrooms by wiping down the sink, toilet, doorknob, and light switch. Toys and camper materials will be sanitized each day.

PPE: Gloves will be worn for normal use such as cleaning or toilet training. Sanitizers, such as bleach and alcohol gel, will be used to clean the hard surfaces and disinfect staff hands. The disinfectant wipes will be used to wipe down hard surfaces 3 times per day and at the end of day. Facemasks are required to be worn by staff in accordance with CDC recommendation. Campers are not required to wear masks but encouraged to wear face masks even for short periods of time during the school day. If the parents would like their children to wear masks, please let the teacher know and provide a mask.

Employee and Camper Safety Policy: All employees must attend training on the safety procedures. The following procedures are to be followed:

1. Handwashing or hand sanitizing will occur at a minimum of every hour by employees and campers.
2. Wellness screening and temperature checks will be conducted daily with employees and campers prior to entering the building and will be documented on the Employee and camper's wellness screening form.
3. The use of PPE will be utilized when necessary for normal use or when interacting with a camper will symptoms of illness. The sick policy will be adhered to: fever greater than 100.4 degrees, vomiting, diarrhea, the employee will be sent home and will not be permitted to return after 72 hours symptom free OR a doctor's note.

If a member of your family has had exposure or tests positive for COVID 19, please contact the school Director, Kelly O'Toole, immediately for next steps. It is imperative that we limit the spread of any exposure to ensure the safety of our campers and staff. We appreciate your cooperation and helping us make camp safe and fun for everyone!

Sick Policy (Illness no related to COVID 19)

Your child will be sent home if he or she has any of the symptoms below. For the wellbeing of all the program staff and other children, please keep your child at home if he or she has any of the following Symptoms:

- 1) Vomiting
- 2) Visible mucus (green/yellow)
- 3) Conjunctivitis (pink eye)
- 4) Diarrhea
- 5) Cough that has lasted more than 5 days.
- 6) Head Lice

Should a camper become ill or injured during the school day, a parent or guardian will be contacted in order for the camper to be taken home. A camper whose temperature is 100.4 degrees or higher, who experiences vomiting or diarrhea at school, or whom the teacher feels has excessive coughing or nasal drainage will be asked to go home and should not return to school until he/she has not experienced these symptoms for 72 hours.

The camper who is sick during the camp will be separated from the others until they go home. When parents or guardians are notified of the need to pick up their child, the child should be picked up within 30 minutes of being called. If this is not possible, we ask that arrangements be made to have the child picked up by someone other than the parent or guardian.

The Parent or Guardian shall notify the school of the child’s possible exposure to a communicable disease.

Pick up

Your child must be picked up at the allotted time. A late fee of \$1 will be incurred for every minute that the parent/guardian is late. After 10 minutes, the camper will be put in aftercare and the fee will be \$20.

Supplies

Parents should supply daily snacks, lunch and drinks. If your child is staying for ABA therapy after the camp, please provide a second snack as well. Please label everything with your child’s name.

I have reviewed the above policy and hereby give my consent for my child _____ to participate in the 2021 Summer Camp.

I am the legal guardian of _____ and have the legal right to enroll my child in the 2021 Summer Camp.

Parent/Guardian Signature

Date

Witness

Date



2021 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"/> \$50 before 4/9/2020	<input type="checkbox"/> \$65 after 4/9/2020
Full Day Tuition:	<input type="checkbox"/> Entire program of 6 weeks: \$2220 <input type="checkbox"/> Base <u> \$395 </u> x <u> </u> weeks = <u> </u> Total	
Half Day Tuition:	<input type="checkbox"/> Entire program of 6 weeks: \$1170 <input type="checkbox"/> Base <u> \$210 </u> x <u> </u> weeks = <u> </u> 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)

2021 SUMMER CAMP AFTERCARE

Please select the days that are requested for aftercare. Payment must be submitted on the Friday prior to the week of aftercare.

3:00 – 5:00pm	Cost: \$20 / day
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

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? _____

Emergency contact: _____

Please list the name(s) of individuals authorized to pick up your child:

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

Name _____ Relationship _____

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 with Interventions Unlimited.

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 things frighten your child?

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 group instructions (1:6 ratio) for at least 5 minutes without engaging in any problem behavior.	<input type="checkbox"/> Yes <input type="checkbox"/> No
My child engages in frequent aggressive or disruptive behaviors. If yes, please describe: _____ _____	<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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2021 Summer Camp Health Information (To be completed by parent/guardian)

Child's Name: _____ DOB: _____ Age: _____

Male _____ Female _____ Height: _____ in. Weight: _____ lbs.

In case of illness or emergency, please contact: _____

Address _____

Street number

City

Zip Code

Day Time Phone: _____ Cell Phone: _____

Health History

(Check all that apply)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hepatitis |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mumps | <input type="checkbox"/> Heart conditions |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear infections | <input type="checkbox"/> Enuresis (bed wetting) | |
| <input type="checkbox"/> Conduct Disorders | <input type="checkbox"/> Severe stomach aches | <input type="checkbox"/> Sun sensitivity | |

If you checked any of the above please explain in detail:

Please be specific in answering the following:

Does your child have any physical restrictions/limitations? Yes No

If yes, explain:

Does your child suffer from any allergic reactions to:

Penicillin: _____ Other drugs: _____ Bee or wasp sting: _____ Foods: _____

Others: _____

Please specify which foods he/she is allergic too:

Any dietary restrictions? Yes No

If yes, explain:

Is your child currently taking any medication? Yes No

- **If yes, please be sure to fill out the medication release form.**

IN CASE OF EMERGENCY

Your child's physicians full name: _____

Address: _____
Street Number City Zip Code

Phone Number: _____

I hereby attest that to the best of my knowledge, the child named above is in good health and physically and mentally able to participate in all program activities, except as previously noted. In case of a medical emergency, in which I cannot be contacted, I hereby give permission to Alpine Academy to seek proper medical treatment for the child named above.

Parent/guardian: _____

Date: _____



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2021 Summer Camp

Medication Administration Form

For Medications Supplied by Parents

I _____, give permission for my child _____, to have his or her oral medication(s) administered to him or her during the school hours by an Alpine Academy staff.

My child will need the following medication (s) and dosage (s) administered during the camp hours:

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

Instructions for administering the medication(s):

Signed: _____ Date: _____

PHYSICIAN signature required for ALL PRESCRIPTION medications

Signed: _____ Date: _____

PARENT signature required for prescription and over-the-counter medications

Medication must be provided in its original container from the pharmacy with dosage amount, directions, and the name of the prescribing physician. Please note that if the above information is not provided, the medication will not be administered.

N/A: This form does not apply to my child.

Signed: _____ Date: _____



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2021 Summer Camp Release Forms

Photo and Video Taping Release

I hereby give consent for photography and video taping of my child that will only be used by Alpine Academy 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 and their employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his or her property while in the summer program. I have agreed to emergency treatment by a physician or hospital in the event that I cannot be reached. I have disclosed all relevant information regarding my child's health condition.

Parent/Guardian Signature: _____ Date: _____

COVID-19 WELLNESS CERTIFICATE

Alpine Academy views COVID-19 as a serious health threat to its employees and students. Submission of this form is required before you may return to attend Alpine Academy as part of the School's Re-Opening Plan. If for some reason you are not able to complete this form, or are uncomfortable doing so, please contact the school director, Kelly O'Toole @ kelly@myalpine.org.

Student Name: _____

1. In the past 72 hours, have you experienced any signs or symptoms of COVID-19, including any of the following?

- | | |
|--|---|
| a. Persistent cough | g. Headache |
| b. Shortness of breath or difficulty breathing | h. Sore throat |
| c. Fever over 100.4°F [38°C] | i. Loss of taste or smell |
| d. Chills | j. Any other flu-like symptoms (e.g., persistent chest pain or pressure, vomiting or diarrhea)? |
| e. Repeated shaking with chills | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Muscle pain | |

2. Have you had any of the signs or symptoms of COVID-19 in the last two weeks?

Yes No

3. Have you been tested positive for COVID-19?

Yes No

4. In the last two weeks, have you been in close contact with someone who is experiencing the signs or symptoms of COVID-19 or who began experiencing such signs or symptoms within 48 hours of your close contact?

Yes No

5. In the last two weeks, have you or someone you live with been under quarantine or isolation for COVID-19?

Yes No

6. In the last two weeks, have you been in close contact with someone who has a confirmed diagnosis of COVID-19?

Yes No

If you have any of the above described signs and/or symptoms or answered "yes" to any of questions 1-6, you should not report to school without first speaking with the school director, Kelly O'Toole.

Please sign below to certify that your above responses are accurate to the best of your knowledge.

Parent Name (printed)

Parent Signature

Date

.....



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Beach / Water Day

We have planned a water day 2x's this summer (June 25 and July 16). A bounce house/water slide will be set up on the playground for the kids to enjoy during their playground time on those days.

Details

When: Friday, June 25 & Friday, July 16

Time: Scheduled time by class/camp group

What to bring: towel, bathing suit, water shoes/flip flops (if preferred)

I give permission for my child, _____ (child's name) to get on the water slide at Alpine Academy.

In the event that there is an accident and you are unable to contact me, Please contact:

Emergency Contact Name / Number: _____

Emergency Contact Name / Number: _____

Parent / Guardian Signature

Date