

KEYSTONE SUMMER CAMP

AT MOSAIC DAY SCHOOL



Program Handbook and Application

Enrollment Closes April 19, 2019

Please submit completed enrollment packet to any Keystone receptionist or email to summercamp@keystonebehavioral.com

Keystone Behavioral Pediatrics

6867 Southpoint Drive North * Suite 101 * Jacksonville, Florida 32216

Telephone: 904.619.6071 * Fax: 904.212.0309

www.keystonebehavioral.com

INTRODUCTION

Our everyday environments present multiple requirements that may overwhelm a child with an intellectual or developmental disability. Children with challenges in social skills, independence and communication may find themselves isolated, misunderstood, frustrated, anxious or depressed. Others who interact with them may perceive their social differences as an indication that they are rude, willful, awkward or oppositional. Further, as these children transition into adulthood, these differences present challenges to successful employment, leisure or relationship pursuits. Addressing these skills is a critical part of the behavioral education curriculum for all children with developmental disabilities because of the pervasive impact of social differences.

The 2019 Summer Camp offered by Keystone Behavioral Pediatrics is a high-quality program that provides instruction in a low student-to-therapist ratio, with behavior therapists trained in the methodologies and best practices of Applied Behavior Analysis. Upon completion of a behavioral assessment, staff will make recommendations pertaining to the anticipated level of support that your child will need to participate to the fullest extent. A variety of skill domains will be addressed and, based on your child's individual needs and assessments, your child will be assigned to custom groups to address core deficits.

One Summer Camp, Two Separate Tracks:

For the 2019 Keystone Summer Camp, there will be two tracks that children will be assigned based on clinical need and best fit. The first track will be our traditional social skills track that primarily focuses on working in groups with peers on activities and projects, social play, independent play, group games, appropriate social interaction with others, as well as fine motor and gross motor tasks. The second track this year will be a vocational skills/self-help track. This track will focus on establishing hygiene skills, independent living skills, job readiness skills, and safety skills in a structured group format. Children will be assigned to a track based on assessment from our clinical team. These two tracks were created in an effort to meet the diverse needs of all the children through more individualized and specialized programming. ALL groups will participate in community outings as well as fun activities throughout the week tailored specifically to the skills they are working on throughout the summer.

Dates and Hours of Operation

The Summer Camp will be offered for nine consecutive weeks at Keystone Behavioral Pediatrics between Monday June 3, 2019 and August 2, 2019. The Summer Camp will be in session Monday through Friday, from 8:30 a.m. to 2:30 p.m. Before and after care options are available, see below.

Session	Summer Camp Dates	Theme
1	6/3-6/7	<i>The Human Body</i>
2	6/10-6/14	<i>Explorers: Here, There, and Everywhere</i>
3	6/17-6/21	<i>Space: The Great Beyond</i>
4	6/24-6/28	<i>Of Bugs and Nature</i>
5	7/1-7/5 (Closed July 4 th)	<i>Under The Sea</i>
6	7/8-7/12	<i>Winter In July</i>
7	7/15-7/19	<i>Our Community Helpers</i>
8	7/22-7/26	<i>Around The World</i>
9	7/29-8/2	<i>The Keystone Olympics</i>

Before and After-Hours Services and Care

Additional services and care will be provided before and after the Summer Camp hours. If you are a current Keystone client, additional therapies may be scheduled before or after the designated camp time each day depending on therapist availability. To schedule therapy, please call the Keystone scheduling department at 904.619.6071. In addition, all children enrolled in the Summer Camp may be eligible for before care and/or after care services at a cost of \$13 per hour between the hours of 8-8:30 a.m. and 2:30-5 p.m., Monday through Friday. If you are interested in signing your child up for before or after care services, please fill out the registration form located on page 12 of this packet. Please note that there is limited availability for before and after care services and spaces will be filled on a first come, first served basis. Additionally, not all children are candidates for before or after care. If it is determined by Keystone that your child will require more support than will be provided during before or after care services, a member of Keystone leadership will contact you to discuss any alternative options.

ENROLLMENT REQUIREMENTS

- The program is available to children between the ages of 2-22 years of age. Only children whose parents/guardians have completed the registration process may be considered for acceptance into Keystone's Summer Camp. All students enrolled in the program will have access to a variety of support services including:
 - Applied Behavior Analysis
 - Parent Collaboration
 - Behavior Management
 - High Functioning Social Skills Groups
 - Speech Therapy

- Occupational Therapy
- Individual Psychotherapy

2. The following is required before registration:

- \$50 Registration Fee
- Emergency Contact Information
- Tuition Fee Contract
- Authorization for Medication
- Student Photo Release Form
- Most recent behavior plan if not a client at Keystone Behavioral Pediatrics, if applicable

3. When Keystone's Summer Camp reaches maximum capacity, parents may place their child(ren) on a waiting list to be notified when an opening becomes available. This will be done on a first come, first served basis.
4. All children in the Summer Camp must have proof of full coverage medical insurance
5. Last day for enrolling your child in the Summer Camp is **April 19, 2019**.

FEES

- Program Fees are \$250 for the week. **If you are a current Keystone client, please contact Angel Ladnier at summercamp@keystonebehavioral.com or 904-619-6071 ext. 113 to see if fees can be covered by your insurance plan.**
- There is a Registration/Evaluation Fee of \$50 per child. This fee is nonrefundable.
- There is a \$25 activities fee per child each week that covers all weekly outings and on-site extracurriculars. This fee is non-refundable.

Missed Days/Partial Enrollment

There will be no refunds for days missed. If you are planning a vacation, please keep in mind that you will be required to enroll and pay the entire full week session. Partial enrollment of less than 3 days is not permitted. **If you register for a week and your child has scheduled Keystone therapy services, but miss more than 2 days without an excused absence (e.g. sick with doctors note), you will be charged the full week's tuition at the standard rate of \$250.**

Past Due Accounts and Returned Checks

Parents/Guardians will be responsible for restitution on returned checks, including fees and service charges (see billing policy). Only money orders will be accepted until returned checks and fees are paid in full. If payment is not made in full within five (5) days, or other arrangements made, the child will be ineligible to attend.

Off Site Activities

Many groups may be attending activities or events off site (e.g. Fantasy Farms, Sunshine Park, Main Event, Champions Gymnasium, etc.). Any enriching field trips that involve paid admission to a site will be the parent's responsibility and is included in the weekly activities fee. Transportation will be provided for your child by bus. In order to maximize staffing needs, groups cannot be split up; therefore, if you do not wish for your child to attend the field trip, your child will not be permitted to attend camp that day.

HEALTH AND MEDICAL INFORMATION

Sick Policy

In the event that a child appears to be sick, the parent/guardian will be called to pick the child up immediately. If the parent(s) cannot be contacted, the emergency contact will be next in line for pick up. It is the responsibility of the parent/guardian to pick up the child within a reasonable amount of time.

Signs of illness include, but are not limited to: green mucous, fever, pink eye, diarrhea and vomiting. For the protection of our children, no child with a fever will be admitted to Keystone's Summer Camp. We need your help in keeping contagious diseases such as colds and flu out of the clinic. In the event of a contagious illness outbreak, we will make every effort to promptly notify parents. Children should not be sent back to Keystone for at least 24-hours after they are clear of fever symptoms and no longer taking fever reducers. Children in attendance should be well enough to participate in all activities. Parents must furnish medicine and adhere to the procedures listed below in order for staff to administer medications. The parent/guardian must complete a form, which is available in this packet. Keystone staff cannot fill out medicine forms or labels for you.

Medications

To enable clients to receive their prescribed medications during the day, a special medication/treatment form must be completed. This form requires the signature of the doctor prescribing the medication and the parent's signature. Whenever possible, prescription medication should be administered at home. When a physician specifies that medication be administered during the day, the nurse should be contacted, and the following guidelines will be used to supervise medication administration:

- All medication should be brought to the front desk at the beginning of each week, by the client's parent/guardian, accompanied by a signed and dated Emergency Card, giving Keystone permission to administer the medication.
- **The medication must be in the original container, with a prescription label** that includes the following information: the child's full name, name of medication, prescription number, dosage and time to be administered.
- Emergency medication will be administered when ordered by the family physician.
- Please notify the school of any medication changes.
- Children are not permitted to bring non-prescription medications. If during the course of the day it is necessary for a student to receive non-prescription medication (i.e., Tylenol) our nurse will dispense the medication as indicated on the medication profile. No medications can be administered to children without prior parent approval via form. This includes Tylenol, Motrin, cold medicine, etc. Telephone requests are not acceptable.
- Parents must notify Keystone of any allergies to, or restrictions in regards to, non-prescription medications.



Emergency Contact Information

Child's Name: _____ Name Called: _____

Date of Birth: _____ Present Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

(H) Phone: _____ Household Email: _____

Mother's Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____ Occupation: _____ Work Hours: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Doctor's Name: _____ Phone Number: _____

Nearest relative or neighbor to contact in case of emergency, if parents cannot be reached:

Name: _____ (H) Phone: _____ (C) Phone: _____

Name: _____ (H) Phone: _____ (C) Phone: _____

Person authorized to pick up child. (Child can only be picked up by people on this list.)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Additional person/people living or working in home: (include siblings)

Name & Age	Name & Age	Name & Age
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Allergies: _____ Fears: _____

Any health problems? _____ Medication Required? [] Yes [] No

Medication taken regularly: _____

Please share any information that you think would be of help to our staff: _____



Tuition Contract

This agreement is made on _____ (Date) between Keystone Behavioral Pediatrics and the Parent/Guardian, _____, with custody of _____ who resides at the following address: _____

(H) Phone: _____ (W) Phone: _____ (C) Phone: _____

- I wish to enroll my child(ren) for Keystone's Summer Camp
- I agree to pay \$250 per week (**or custom rate pre-determined by Angel Ladnier for current Keystone clients receiving therapy services**) for this service as follows:
 - _____ \$250 for Session #1 – due by Monday, May 27th, 2019
 - _____ \$250 for Session #2 – due by Monday, May 27th, 2019
 - _____ \$250 for Session #3 – due by Monday, May 27th, 2019
 - _____ \$250 for Session #4 – due by Monday, June 17th, 2019
 - _____ \$250 for Session #5 – due by Monday, June 17th, 2019
 - _____ \$250 for Session #6 – due by Monday, June 17th, 2019
 - _____ \$250 for Session #7 – due by Monday, July 8th, 2019
 - _____ \$250 for Session #8 – due by Monday, July 8th, 2019
 - _____ \$250 for Session #9 – due by Monday, July 8th, 2019
- I agree to pay a Registration/Evaluation Fee of \$50 and an activities fee of \$25 per child per week enrolled. I understand these fees are nonrefundable.
- I do not expect Keystone's Summer Camp to provide medical insurance for my child(ren) nor will I hold Keystone or staff liable for injuries which may occur in the normal provision of child care. I will provide my own medical insurance.
- I have read the attached policies and rules. Until these policies are changed, I accept them as they are and agree to abide by them.

Child(ren) enrolled:

Name & Age

Name & Age

Payment Method:

_____ I wish to pay by check payable to Keystone Behavioral Pediatrics

_____ I wish to pay by ACH bank draft through Tuition Express:

Tuition Express is a secure online payment plan management system and will allow you to make payments online. If you intend to use Tuition Express, please complete the Electronic Funds Transfer Authorization form on page 8. We do NOT accept credit card payments, only ACH/automatic withdraw. In addition to completing this form, please create an account at www.tuitionexpress.com. Keystone will process payments through tuition express according to the schedule above.

Parent/Guardian Signature: _____ Date: _____

Print Name: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-line tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR **BANK ACCOUNT** and **CREDIT CARD**

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. ____ (initial) Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name _____		Phone # _____	
Cardholder Address _____	City _____	State _____	Zip _____
Account Number _____		Expiration Date _____	
Cardholder Signature _____			Date _____

SECTION B (Bank Account)

Your Name _____		Phone # _____	
Address _____	City _____	State _____	Zip _____
Bank or Credit Union Name _____	Bank or Credit Union Address _____	City _____	State _____ Zip _____
Routing Transit Number (see sample below) _____		Account Number (see sample below) _____	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Authorized Signature _____			Date _____

For Official Use Only

Date Received _____

Employee Signature _____

John Sample Mary Sample 123 Main Street Anytown, USA	BANK OF THE WEST 555-555-5555	00226
Pay to the order of: Attach Voided Check Here \$ _____		
Deposit slips not accepted _____ Dollars		
⑆ 234567890	18003300	0226
Routing Number	Account Number	Check Number

A service of





**KEYSTONE BEHAVIORAL PEDIATRICS
PARENT PERMISSION FORM FOR FIELD TRIP ACTIVITIES**

We, the parents/guardians of the child named below, understand that by enrolling my child in summer camp at Keystone Behavioral Pediatrics, LLC (“Keystone”), my child will be attending several weekly field trips to various locations, such as the beach, museums, cultural centers, the Jacksonville Zoo and Marine Land, and other locations. The schedule with dates and locations will be provided by Keystone at a later date. We understand transportation will be by bus.

We grant permission for our child to participate in the Keystone field trips, and agree to release and discharge Keystone, its agents, managers, members, or employees from liability growing out of personal injuries and property damage resulting or occurring during the field trips, or in transit to and from the field trips. We acknowledge our child is in good physical health and the field trips do not pose a health hazard to my child. We hereby grant permission and give my/our consent for my child to (1) be treated by any qualified nurse, physician, or surgeon as may be deemed necessary by Keystone, its agents, managers, members, or employees during the trips; (2) be administered medication and/or emergency first aid care as may be necessary or appropriate; and (3) receive treatment in hospitals, medical offices, or elsewhere in the event of accident or illness. To assist in that medical care or treatment, we represent that the medical information supplied on the Emergency Contact Information Form, Medication Treatment Plan Form, and Medical Procedures Treatment Plan Form (the “Medical Forms”), previously submitted to Keystone is true and accurate. In the event of an injury requiring medical attention, we understand and agree that neither Keystone nor its agents, managers, members, or employees are responsible for obtaining, or for the result of any medical or emergency treatment rendered or supplied to my child. We will hold Keystone and its agents, managers, members, or employees harmless and indemnify them from any claim, cause of action or demand arising out of any form of or the lack of medical or emergency treatment rendered to my child. If the child requires medication during the field trips, and/or there is information of which Keystone should be aware, we understand we are required to complete the Medical Forms referenced above and provide the medication to the personnel trained to administer the medication. In the event that a child must return to school independently for reasons of health, accident, failure to conform to rules established by the teacher or camp counselor in charge, etc., we agree to accept full responsibility for and to pay for the cost of medical care, transportation and other incidental expenses.

We agree and consent to the foregoing and we give our permission for our child to participate in the Keystone field trips.

Child's Name (Print): _____

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Signature of Parent/Guardian

Date

Cell Phone

Work Phone

Home Phone

Emergency contact, if parent unavailable _____

Phone _____

Family Physician _____

Phone _____

Health Insurance Provider _____

Policy# _____



Authorization for Medication

Date: _____

Student Name: Last, First

Date of Birth

Grade

MEDICATION TREATMENT PLAN TO BE COMPLETED BY PHYSICIAN

Diagnosis: _____

Medication, Dosage, Specific Times and Direction for Administration: _____

Note: Medication must be supplied in the original prescription container. Please ask the pharmacist to divide the prescription in two completely labeled containers, one for home and one for school.

Side Effects/Special Instructions: _____

Note to Physicians: Please complete the Treatment Plan on the next page for students who require any special health procedures during school hours (e.g. inhalers, nebulizer treatments, glucose testing, etc.)

Printed Name of Physician

Physician's Signature

Physician's Phone Number

Physician's Fax Number

PARENTAL PERMISSION

I grant the Keystone Nurse or his/her designee the permission to assist in the administration of each prescribed medication/procedure to be provided while at Keystone's Summer Camp.

Signature of Parent/Guardian

Date

Home/Work/Cell Phone



TREATMENT FOR CLIENT NEEDING HEALTH PROCEDURES DURING SUMMER CAMP HOURS

Name of Student: _____ Date of Birth: _____ Grade: _____

Treatment Plan: _____

Special Procedures (List special procedures in which students have been trained: e.g. insulin administration, testing glucose, etc.): _____

Please list any limitations/precautionary measures that should be considered (e.g. physical activities or games, outdoor activities, transporting or lifting, special devices/equipment, etc.): _____

Please state any emergency precautions/health emergencies that should be anticipated for this student (e.g. allergy triggers, diabetic reactions, etc.): _____

What is the care plan for these identified emergencies? _____

Physician's Signature

Date



Video/Photo Waiver

Child's Name: _____

I give permission for my child (named above) to be **videotaped** by Keystone Behavioral Pediatrics for the following (select all that apply):

- The KBP and Mosaic website
- KBP and Mosaic brochures/promotional materials
- Training for staff members
- Observational video to be seen by those directly working with my child
- Assessments and/or testing
- I do not consent to any of the above**

I give permission for my child (named above) to have **pictures** taken by Keystone Behavioral Pediatrics for the following: (select those that apply)

- The KBP and Mosaic website
- KBP and Mosaic brochures/promotional materials
- Client specific materials
- Clinic materials
- Consent to have child's name noted in picture caption
- I do not consent to any of the above**

I have read this entire waiver, fully understand it, and agree to be legally bound by its terms. Should your wishes change please notify a Keystone Behavioral Pediatric staff member. The most recent consent waiver will be honored.

Parent/Guardian Name (please print)

Parent/Guardian Name (please print)

Parent/Guardian Signature *in the event that custody is shared a signature is required from both parents

Parent/Guardian Signature *in the event that custody is shared a signature is required from both parents

Date: _____

Date: _____



Before Care and After Care Registration

Before care and after care services will be offered Monday through Friday, 8:00-8:30 a.m. and 2:30-5:00 p.m., at a rate of \$13 per hour. All fees must be paid in advance. Completion of this form does not guarantee your child a placement in before or after care services. Once this completed registration form is received, a Keystone staff member will review the application and contact you to discuss your child’s eligibility for these services.

Child’s Name: _____ Parent/Guardian’s Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Person to contact in case of emergency, if parents cannot be reached:

Name: _____ (H) Phone: _____ (C) Phone: _____

Person authorized to pick up child other than parent/guardian. (Child can only be picked up by people on this list.)

Name: _____ Relationship: _____ Phone: _____

Please identify what before care and/or after care services you would like your child to receive.

____ 6/3-6/7	Before Care ____	After Care ____	Pick Up Time _____
____ 6/10-6/14	Before Care ____	After Care ____	Pick Up Time _____
____ 6/17-6/21	Before Care ____	After Care ____	Pick Up Time _____
____ 6/24-6/28	Before Care ____	After Care ____	Pick Up Time _____
____ 7/1-7/5	Before Care ____	After Care ____	Pick Up Time _____
____ 7/8-7/12	Before Care ____	After Care ____	Pick Up Time _____
____ 7/15-7/19	Before Care ____	After Care ____	Pick Up Time _____
____ 7/22-7/26	Before Care ____	After Care ____	Pick Up Time _____
____ 7/29-8/2	Before Care ____	After Care ____	Pick Up Time _____

I agree to pay \$13 per hour for all before or after care services that my child receives. I understand that if my child is not signed up for before or after care services that they will not be eligible to receive these services and must be picked up by 2:30 p.m. unless additional therapies are scheduled with Keystone providers. If my child is not picked up by the agreed upon time and is not registered for aftercare, my child will be placed in aftercare and I agree to pay \$1 every minute past the agreed pickup time.

Parent/Guardian Signature

Date
