

### CAMP DAYS 2018 CONTRACT

Student's Name	_____	Age	_____
Student's SSN	_____	Birth Date	_____
Mother/Guardian	_____	Home Phone	_____
Mother's Cell	_____	Email	_____
Father/Guardian	_____	Parent/Guardian SSN	_____
Father's Cell	_____	Email	_____
Mailing address	_____	Miami, Fl. 33157	_____
	Street		City, State Zip

**CAMP DAYS (Holidays & Teacher Work Days)**

Please indicate which days(s) child will be attending

<input type="checkbox"/> 10/26/18	<input type="checkbox"/> 11/6/18	<input type="checkbox"/> 11/12/18/	<input type="checkbox"/> 11/21/18	<input type="checkbox"/> 11/23/18	
<input type="checkbox"/> 1/18/19	<input type="checkbox"/> 1/21/19	<input type="checkbox"/> 2/18/19	<input type="checkbox"/> 4/19/19	<input type="checkbox"/> 5/27/19	<input type="checkbox"/> 5/31/19

**WINTER CAMP December 26, 2018 – January 4, 2018 ( \$625 for all 7 days, Option 1)**

Please indicate which week(s) or days(s) child will be attending

- Week 1 – Dec 26-28 (3 days) \$300 for week 1, Option 1
- 12/26/18     12/27/     12/28/18
- Week 2 – Dec 31 – Jan 4    \$375 for week 2, Option 1
- 12/31/18     1/2/19     1/3/19     1/4/19

**SPRING CAMP March 25 – March 29, 2019 (\$440 for all 5 days, Option 1)**

Please indicate which days(s) child will be attending

<input type="checkbox"/> 3/25/19	<input type="checkbox"/> 3/26/19	<input type="checkbox"/> 3/27/19	<input type="checkbox"/> 3/28/19	<input type="checkbox"/> 3/29/19
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**PRIVATE PAY OPTIONS:** (Prices include field trips; lunch not included)

- OPTION I (*small group camp*): \$135 per day (with a Teacher/Teacher Aide/ or a Camp Counselor)
- Option II:  \$215 per day – 1:1 ratio all day (*shadow –high school student*), 9:00am-4pm
- Option IIB:  \$455 per day – 1:1 (cognitive and *behavioral therapy-teacher aide, behavior assistant or RBT*) 9:00am-4pm daily (Certified BCaBa \$595 per day)
- Option IIc:  \$200 per day – 1:1 for field trips (*shadow –high school student*) 12:00pm-4pm daily (depending on the time of field trip departure-hours subject to change (9:30-1:30 for example))
- Option III :  \$195 per day – 1:1 cognitive and behavioral therapy each day from 9 am – 12 pm. with a behavior asst/teacher or RBT from (Certified BCaBa \$255 per day)
- Option IV  \$260 per day – 1:1 cognitive and behavioral therapy each day with a behavior asst/teacher or RBT from 12 pm – 4 pm (Certified BCaBa \$340)

**Behavioral Services (ABA THERAPY CAMP)**

- 1:1 ABA Therapy 8:30 am – 4:30 pm (ABA, Behavioral Health, therapy is included in most insurance plans.)
  - \$15 per day field trip fees (\$50 per week). 1:1 therapy with a Behavior assistant or RBT
  - \$\_\_\_\_\_ co-pay

## PAYMENT AGREEMENTS, FEES, PAYMENT OPTIONS, AND SIGNATURES

1. Payments must be received by due date or reservation will be cancelled. Patrons are responsible for all charges for services rendered or reserved. For your convenience, our accounting department can calculate your total fees. Feel free to call the Sunset Campus at (305) 271-8790.
2. **MEDICAL CONSENT:** In the event of an emergency situation and Parent cannot be contacted, Parent agrees, acknowledges and consents to the Center seeking medical attention on behalf of the Student. Parent further agrees, acknowledges and consents to any and all reasonably necessary diagnostic and radiological testing, deemed reasonably necessary medical treatment by any and all trained medical staff. Medical treatment includes, but is not limited to hospitalization, injections, anesthesia, and/or surgery. Parent further agrees to hold the Center harmless for any and all financial responsibilities incurred by Parent because of such medical treatment. Parent further agrees to hold the Center harmless for any and all complications, negligence, misconduct, which might result from such medical treatment/care. I hereby give permission to the physician and/or health care provider selected by the staff at the Center the permission to order the necessary diagnostic tests, radiological tests, and any other necessary medical treatment for the health of my Student and in the event that I cannot be reached in an emergency situation. I give permission to the physician/health care provider to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my Student as name above.
3. **ASSUMPTION AND RELEASE:** Parent acknowledges that the Center will use its best efforts in ensuring the safety of each Student. However, Parent understands and acknowledges that there is an inherent risk associated with the activities of a school. Parent hereby remise, releases, acquit, satisfy, and forever discharge for any and all causes of action, in law or equity, that Parent had, has or will have in the future until the end of time, against the Center, staff, employees, agents, officers, directors, and/or volunteers, from any and all liability, including physical and property damage, arising from Student's enrollment in program. Parent acknowledges, agrees and consents that Parent's and/or Student's insurance bears responsibility and coverage in the event of an accident/injury to or caused by Student, by the Center, or by employee. Parent agrees and consents to hold the Center harmless for any and all injuries caused by a volunteer of the Center. I understand that I, as the parent/legal guardian of the Student do hereby expressly acknowledge that the activities involved in field trips and on site involve risks, and I do hereby voluntarily assume any and all risk including, but not limited to injuries to my Student and/or my Student's property, which may result from participation from these events. I hereby acknowledge, agree and consent that my personal insurance bears primary responsibility and coverage in the event of an accident/injury to or caused by my Student irrespective or negligent act or omission by the Center, its staff and volunteers. I hereby release the Center, its staff, employees, agents, officers, directors, and volunteers, from any and all liability, including negligence, arising from this program. I also understand that this organization offers low cost programs otherwise not available to assist Students with developmental Disorders/Autism. In return, I individually and as the legal guardian of the Student named above, do hereby release and agree to hold harmless the Center, its staff, employees, agents, officers, directors, and
4. **CONSENT FOR TRIPS:** Parent hereby consents to any and all field trips organized by the Center for the Student. Parent gives permission and consent Student to participate in any and all activities Parent further acknowledges that said field trips (on-site and away) may involve a measure of risk. Parent voluntarily, knowingly and without duress or coercion assumes any and all risks including, but not limited to, injuries to Student's person and/or property. I hereby give my permission and consent for the above-named Student to participate in all activities and field trips and to be transported by Carrie Brazer and/or the staff and volunteers of the Center in personally owned, leased and/or contracted transportation.
5. **TRANSPORTATION CONSENT & INDEMNIFICATION:** Parent acknowledges consents and holds the Center and individuals harmless for any and all accidents/injuries arising out of the transportation of Student by Carrie Brazer, employees, and/or volunteers of the Center, in personally owned, leased and/or contracted transportation.
6. **CANCELLATION POLICY:** Due to the staffing in advance of small ratios, cancellations and refunds are difficult to accommodate. If a parent should withdraw their Student from the program for any reason including, but not limited to: dissatisfaction of the program, Student is ill, parent moves away or must go out of town, inclement weather or any other reason, the director will review the request for refund and reserves the right to refund any fees. Registration fees are non refundable. Refund requests must be sent in writing to [cbrazer@cbc4autism.org](mailto:cbrazer@cbc4autism.org).
7. Parent further agrees that should it be necessary to use the services of an attorney and/or collection agency to collect its bills for any services rendered by the Center, Parent will be responsible for said fees, including but not limited to attorney fees, court costs, and other costs associated with said services. Parent also agrees to incur an additional 1.5% monthly interest rate commencing thirty (30) days after the due date.
8. **Registration payment due with application** No refunds will be given for absences or withdrawals for any reason(s) whatsoever. Withdrawal from school must be in writing and received no later than 4 weeks prior to the last day of attendance/ withdrawal. The Carrie Brazer Center shall not refund any unused tuition/payment even if the child has been withdrawn from the school/camp for any reason whatsoever, without right of set-off. For purposes of this Agreement, the term "for any reason whatsoever" shall include but not be limited to dissatisfaction with school, lack of progress or improvement of child, dissatisfaction or any claim or allegation of negligence of any kind from any of the Center's employees and/or staff, change of staff including change of classroom teacher or aides, temporary interruption of 1:1 instruction due to leave or withdrawal, classroom change of location or size, change of teacher to child ratio, change of location of facility, change of or lack of supplemental services (i.e., speech, occupational and physical therapy, music, yoga, horse-back riding, vocational services, community based outings)].
9. Additionally, Parent understands that this contract is for a full camp session of 10 weeks from June to August and parent is responsible for full annual payment in the event that Outside Contributions (i.e., McKay scholarship, corporate tax scholarships, grants or other outside financial assistance) may be terminated, decreased or withdrawn, for any reason whatsoever. By way of example, if the child is withdrawn prior to the completion of the school year and any Outside Contributions are withdrawn/decreased, the parent remains liable for the entire annual tuition plus any additional charges for the difference between the tuition and outside contributions agreed upon as set forth above. Additionally, parent is understands that it shall remain liable for any and all budget cuts throughout the year from the McKay scholarship program or any other Outside Contribution. Parent agrees that the School shall continue to charge the Parents account/credit card as per scholarship program or any other Outside Contribution. Parent agrees that the School shall continue to charge the Parents account/credit card as per Outside Contributions shall be due on the day the Outside Contribution would have been paid to the Center but for the withdrawal of the Student.
10. Parent acknowledges that payment/s and fees are to be paid by the 1st day of each month. After the 5th day of the month a late fee of 1.5% will be assessed monthly. If Outside Contributions of any kind are late, suspended or withdrawn, parent agrees to pay center within 5 days of expected payment from Outside Contributions. If payment is not received for any reason whatsoever by the Outside Contribution Source parent is responsible fo210/3
11. r said timely payment. If the Outside Contribution Payment is made after the Parent pays on behalf of the Outside Contribution Source, the School/camp will reimburse parent for the amount paid. The center reserves the right to withdraw student if parent fails to comply with the above said payment terms. Parent further agrees that should it be necessary to use the services of an attorney and/or collection agency to collect its bills for any services rendered by the Center, Parent shall be responsible for said fees, including but not limited to, attorney fees, court costs, and any other
12. You must pay your monthly tuition by credit card or Debit Card charged on the 1<sup>st</sup> of the month.
13. When additional Students from the same family are enrolled, a 10% discount is applied toward the lesser program fee.

Student's Name: \_\_\_\_\_

My Student  is a member  is not a member (See Item 1 above)

**PAYMENT SUMMARY**

**TEACHER WORK DAYS & HOLIDAYS**

Enroll my child in option # \_\_\_\_\_ for \_\_\_\_\_ Weeks/ Days @ \$ \_\_\_\_\_ Per wk/ day =\$ \_\_\_\_\_

**WINTER CAMP**

Enroll my child in option # \_\_\_\_\_ for \_\_\_\_\_ Weeks/ Days @ \$ \_\_\_\_\_ Per wk/ day =\$ \_\_\_\_\_

**SPRING CAMP**

Enroll my child in option # \_\_\_\_\_ for \_\_\_\_\_ Weeks/ Days @ \$ \_\_\_\_\_ Per wk/ day =\$ \_\_\_\_\_

Programs	
Teacher Work Days & Holidays	\$ _____
Winter Camp	\$ _____
Spring Camp	\$ _____
<b>Total to be billed</b>	<b>\$ _____</b>

CHECK # \_\_\_\_\_ NAME ON THE CK: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_ V-Code \_\_\_\_\_  VISA  MasterCard

Card Billing Address: \_\_\_\_\_  
Street City, ST Zip

Name as it appears on card: \_\_\_\_\_

We can ACH bank transfers for free, if you provide us with your bank account information on the attached echeck authorization form.

I understand and agree that regardless of my insurance status I am ultimately responsible for the balance of my account. This includes any medical services rendered throughout the Carrie Brazer Center for Autism. Including but not limited to all insurance deductibles, co-payments, co-percentages and charges not covered by my insurance (if applicable). Arbitrary the determinations made by insurance companies such as usual and customary fees, do not apply to this unless the Carrie Brazer center is correct to the best of my knowledge. If myself or my spouse change insurance coverage and do not notify the Carrie Brazer Center in writing with proof of copy of new insurance card in a timely fashion; I agree to be responsible for the complete payment of any services rendered under their supervision.

Parent/Guardian (Please Print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_ Personally known: \_\_\_\_\_ Produced Identification: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

Print- Notary Name Notary-Signature

State of: \_\_\_\_\_ Seal:

APPROVED BY: <u>Carrie Brazer, Executive Director</u> _____	_____
Signature	Date