



Spring Break Camp 2020 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	_____
Street	_____	City, State Zip	_____

Spring Break Camp March 23, 2020 – March 27, 2020

PRIVATE PAY OPTIONS: (Prices include field trips; lunch not included)

- OPTION I (*small group camp*): **\$450** for all 5 days/\$135 per day (with a Teacher/Teacher Aide/ or a Camp Counselor)
- Option II: **\$215** per day **\$1050** per week – 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
- 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)*)

Behavioral Services (ABA THERAPY CAMP-Insurance clients only)

- 1:1 ABA Therapy – Hours may vary according to approval from insurance.
(ABA, Behavioral Health, therapy is included in most insurance plans)

\$50 per week field trip and transportation fees. Lunch not included.

(1:1 therapy with a Board Certified RBT)

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 Kendall Campus as (305) 271-8790 or fax (305) 271-8789.
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 cbrazier@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 1st 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 Please indicate which days(s) child will be attending

Spring BREAK CAMP (\$450 for all 5 days) (check which payment option you will choose)

- Payment due in full by March 1, 2020.
- Early Bird discount of 20% \$105 if paid in full by January 15, 2020.
- Early Bird discount 15% of \$78.75 if paid in full by Feb 1, 2020

- Week 1 – March 23-27 (5 days)
- March 23 March 24 March 25 March 26
- March 27

SPRING BREAK CAMP

Enroll my child in option	#	for	Days	@	\$	Per wk/ day	= \$
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Programs	
SPRING BREAK CAMP	
REGISTRATION FEE	\$75
Total to be billed	
Less discount of 20% if paid by 1-15-2020/ 15% if paid by February 1-20	
Total Payment due:	

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

Card Billing Address: _____
 Street Miami, FL
 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

Bank Transfer Authorization Form

I authorize _____ to electronically debit my bank account according
Name
to the terms outlined below. I acknowledge that electronic debits against my account must
comply with United States law.

Terms of billing:

- One time on _____ for the amount of \$ _____.
mm/dd/yy
- Starting on _____ and on the _____ of each month through _____
mm/dd/yy day of the month mm/dd/yy
for the amount of \$ _____.
- Starting on _____ for the amount of \$ _____ and accordingly thereafter per
mm/dd/yy
the terms in invoice(s) _____.

Customer bank account information:

_____ Routing number Account number

Account type: Checking Savings Consumer Business

This payment authorization is to remain in effect until I, _____, notify
Customer name
_____ of its cancellation by giving written notice in enough time for the
Business name
business and receiving financial institution to have a reasonable opportunity to act on it.

_____ Customer signature Customer printed name Date