

F.R.I.E.N.D.S.

P.O. Box 1821

Richmond Hill, GA 31324

Phone: 888-508-1012

Fax: 888-558-9897

Email: info@friendsofcoastalga.com

Website: www.friendsofcoastalga.com

Super Duper Social Skills Group

Enrollment Application
and Policies

2017 - 2018

Learning Through Laughter and Friendship

F.R.I.E.N.D.S. Super Duper Social Skills Group

Group Meeting Location:

10140 Ford Avenue
Richmond Hill, GA 31324

Child's School Information

School Name: _____

School Phone Number: _____

Grade: _____

CHILD INFORMATION

Child's Name	Date of Birth	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race
Child's Home Address (include street, city, state, and zip)		Home Phone Number		
Parent/Guardian Name 1		Relationship to Child		
Home Address (Include street, city, state, and zip)		Home Phone Number		
Email Address		Cell Number	Work Number	
Employer Name		Employer Address		
Parent/Guardian Name 2		Relationship to Child		
Home Address (Include street, city, state, and zip)		Home Phone Number		
Email Address		Cell Number	Work Number	
Employer Name		Employer Address		
Child lives with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Legal Guardian				

MODEL RELEASE

F.R.I.E.N.D.S. **may** **may not** use photographs, images, or sound recordings of my child for advertising, publicity, or any other lawful purpose (includes F.R.I.E.N.D.S. Facebook postings of pictures and/or pictures displayed on the F.R.I.E.N.D.S. website).

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify F.R.I.E.N.D.S. if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification (driver's license) at the time of pick-up. All persons listed below must be 18 or older, unless he/she is the parent of the child.

Name Emergency Contact 1	Name Emergency Contact 2
Relationship to Child	Relationship to Child
Home Address (include street, city, state, and zip)	Home Address (include street, city, state, and zip)
Home Phone Number	Home Phone Number
Cell Number	Cell Number
Employer	Employer
Employer Address	Employer Address
Work Number	Work Number

PARENT/GUARDIAN LICENSE EXEMPTION NOTIFICATION

I have been advised and understand that the F.R.I.E.N.D.S. social skills group is not licensed and is not required to be licensed by the Bright from the Start division of the Georgia Department of Early Care and Learning.

Parent/Guardian Print	Date
Parent/Guardian Signature	Date
Administrator/Designee Signature	Date

Per the Bright from the Start Georgia Department of Early Care and Learning, F.R.I.E.N.D.S. is **required** to Provide and retain written notice regarding our facility not being required to be licensed by the state of Georgia.

PROGRAM ELIGIBILITY

To participate in these programs, your child must meet the following criteria:

1. Must be between the ages of 6 and 16
2. Must be able to function in a classroom containing a maximum of 15 students
3. Must exhibit non-violent behaviors (includes non-self injurious behaviors)
4. Must have a low occurrence of wandering, bolting, or running

CONTACT INFORMATION

1. Email: info@friendsofcoastalga.com Website: www.friendsofcoastalga.com
Fax: 888-558-9897.
2. Office: 888-508-1012 EXT 102

PROGRAM COST AND REGISTRATION FEES

A yearly non-refundable \$25 registration fee is required and must accompany this application. Application can be emailed to info@friendsofcoastalga.com or faxed to 888-558-9897. Applications/application fees can also be given to the SDSSG staff or mailed to:

F.R.I.E.N.D.S.
P.O. Box 1821
Richmond Hill, GA 31324

Each day of the week, students will participate in themed activities. Community Connections are held on Tuesdays and students may be transported to various local community establishments (ice cream parlor, area parks, etc.) to increase community involvement while improving socially appropriate behaviors within the community. See website for additional descriptions for themed days.

Mondays - Artistic Expressions/Creation Station **Tuesdays** - Community Connections **Wednesdays** - Fitness/Cooking
Thursdays - Group Games/Music and Movement **Fridays** - Movie Madness

The cost to participate in this weekly program is a flat fee of \$70 per week for special needs students. Hours of operation are from 3 PM - 6 PM Monday-Friday. No part-time fees are offered. This fee is due whether a student attends 1 day or all 5 days within a week. Program fees will not be charged for the weeks in which the program is not in session for a full week. Fees are to be paid to on-site staff every Monday the program is in session. SDSSG follows the Bryan County Board of Education School calendar. This program will not be held on early release days, teacher work days, or school holidays. Please obtain a copy of the Bryan County school calendar by visiting www.bryan.k12.ga.us. **Alternate childcare/transportation arrangements must be made for your child when SDSSG is not in session.**

FUNDING SOURCES

Please select one funding source below. Contact your selected funding source to determine if the cost of this program will be covered in your child's current Family Support Plan. Any program fees not covered by funding sources are the sole responsibility of the parent/guardian. If you plan to private pay (pay-out-of-pocket) all of this program's fees or elect for the funding source to pay a portion of the cost of this program, please check the appropriate box below and enter the partial private pay amount in which you plan to pay and the partial funding amount you will request the funding source to pay.

Easter Seals

Gus Morales, Family Support
7395 Hodgson Mem. Dr. Suite101
Savannah, GA 31406
912-235-6463
gmorales@swga-easterseals.org
Requested Funding - 100%
Partial Funding - \$ _____
Partial Private Pay - \$ _____

Gateway Behavioral Health

Verlena Hawkins, Family Support
941 E.G. Miles Parkway
Hinesville, GA 31313
912-876-0454
vhawkins@gatewaybhs.org
Requested Funding - 100%
Partial Funding - \$ _____
Partial Private pay - \$ _____

B&B Services

Lisa Waters, Family Support
P.O. Box 1040
Springfield, GA 31329
912-754-0817
lwaters@bandbcare.com
Requested Funding - 100%
Partial Funding - \$ _____
Partial Private Pay - \$ _____

100%

Private Pay

Total Amount Requested to be Paid by Funding Source: \$ _____ (on a monthly basis)

Total Private Pay Amount to be Paid by Parent/Guardian: \$ _____ (on a weekly basis)

PAYMENT PROCEDURES AND LATE FEES

I understand that I am solely responsible for the yearly \$25 registration fee and the weekly \$70 program fee whether my child attends 1 day or 5 days per week. Program payments are due every Monday prior to closing. Payment is to be given to the on-site staff. Failure to provide weekly payment may result in a \$20 late fee. Failure to make payments or excessive late payments may result in my child being withdrawn from the program. A \$25 fee will be charged for all returned checks.

Parent/Guardian Signature

Date

ATTENDANCE POLICY AND WITHDRAWAL/DISMISSAL

I understand that I am solely responsible for promptly communicating any changes in my child's schedule to F.R.I.E.N.D.S. staff which will result in my child being absent from the social skills program due to illness, vacation, special events, etc. As with most payment procedures, payments made to the F.R.I.E.N.D.S. social skills program will not be refunded due to illness, vacation, etc. Special consideration will be given to parents who have planned events/vacations and who have given 2 weeks or more prior notice.

Parents who elect to withdraw their child(ren) from this program must do so in writing 2 weeks prior to their child's last day. Failure to do so will result in a \$55 non-compliance fee. F.R.I.E.N.D.S. reserves the right to dismiss any student who poses any harm to any student or staff member and/or cannot function within a 3:1 ratio.

CONSENT TO TRANSPORT AND RISK STATEMENT

F.R.I.E.N.D.S. may provide van transportation from your child's school to the social skills group site. Please notify F.R.I.E.N.D.S. at least 24 hours in advance if you child will not be present for the social skills group.

Parents are responsible for picking up their child from the program site. As a courtesy, parents are requested to be on time when picking up their children each day.

On select "Community Connections" days, students will be transported to various community outings (visits to J.F. Gregory Park, an ice cream parlor, etc.). Parents will be notified in advance of community outings and written permission to participate will be required.

As with any activity or program, there could be risk of injury. F.R.I.E.N.D.S. makes every effort to assure your child's safety during all SDSSG activities and outings. This statement is to verify that I (the parent/guardian) allow F.R.I.E.N.D.S. to transport my child from school, to the social skills group site, and/or to community outings. I understand that F.R.I.E.N.D.S. will not be held responsible in case of damage or loss of personal property or bodily harm/personal injury occurring during SDSSG activities or while being transported by F.R.I.E.N.D.S. to SDSSG related events and any and all claims that may result from any unforeseen accident or event occurring while en route to/from school, occurring en route to/from or during an outing, or occurring during an SDSSG activity in which my child is attending/participating.

Parent/Guardian Print

Date

Parent/Guardian Signature

Date

MEDICAL INFORMATION

Child's Name		Date of Birth		Age	
Height	Weight		Hair Color		Eye Color
Distinguishing Marks/Birth Marks					
List all medication that will be administered regularly during camp					
Special Dietary Needs and/or Dietary Restrictions					
Allergies (list all that apply)					
Medication Allergies			Reaction		
Food Allergies			Reaction		
Other Allergies			Reaction		
Are any of the allergies severe or life-threatening? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide special instructions below.					

MEDICAL CARE PROVIDER/FACILITY

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to transport my child by ambulance, seek medical attention, and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to my child under the general supervision of any physician or surgeon licensed to practice medicine in the State of Georgia.

Parent/Guardian Signature	Date
Primary Care Physician's Name	Practice/Clinic Name and Address
Primary Care Physician's Phone Number	Preferred Hospital for Emergency Care
Health Insurance Provider and Policy Number	Secondary Health Insurance Provider and Policy Number

REQUEST FOR ADMINISTRATION OF MEDICATION

This form is valid for no longer than 12 months. One form must be completed for each medication

Regulations permit child care providers to dispense prescription and non-prescription medications to children in care under certain conditions. F.R.I.E.N.D.S. must receive prior written permission from the child's parent; written authorization from the child's physician may also be required. If possible, arrange the time of dosage to be when the child is at home.

NON-PRESCRIPTION MEDICATION: A child may receive only one dose of a non-prescription medication each day the child is in care, with the exception of topical medications such as creams and ointments. A licensed health care practitioner must approve the medication and dosage for the child to receive more than one dose during a single day.

PRESCRIPTION MEDICATION: Prescription medications must be stored in a container that has been labeled by the pharmacy or physician and which displays the child's name and an expiration date for the medication. The child may receive medication only according to the written instructions of the health care practitioner, as indicated in writing, or the instructions on the medication label and as provided below.

Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Prescription Medication | <input type="checkbox"/> Topical product or lotion |
| <input type="checkbox"/> Non-Prescription Medication | <input type="checkbox"/> Food Supplement |
| <input type="checkbox"/> Refrigeration Required | <input type="checkbox"/> Modified Diet |

Child's Name	Date of Birth	Weight
Name of Medication	Dosage	Administration Time(s) ____ AM ____ PM

Administration Duration From _____ to _____
(Date) (Date)

I/We authorized the staff at F.R.I.E.N.D.S. to administer the above named medication to my/our child.

Parent/Guardian Signature(s)	Date
Administrator/Designee Signature(s)	Date

Each administration of medication will be documented by staff on separate form. All dosages must be recorded.