



A Total Communication Environment Summer Camp Registration Packet

2017 Focus Adventure Camp

Dear Parents/Guardians:

On behalf of Focus on the Future Training Center staff and administration, we would like to extend a warm welcome to our students who will be attending Focus on the Future Training Center for the fun- filled **Focus Summer Adventure Camp**. Our Summer Camp dates are June 12 to July 21, 2017. Enclosed you will find important information regarding our summer Camp. Please look through the packet carefully and **mail, or drop it off** as soon as possible at **1717 W. Plano Parkway, Plano, Texas 75075**. If you have any questions, please do not hesitate to contact us at (972) 599-1400.

FINANCIAL MATTERS: Focus Summer Adventure Camp runs for six weeks, Monday to Friday from 9:00am to 3:00pm. The tuition for summer camp is \$2,550.00 plus \$100.00 application fee and a **non-refundable** down payment of \$1,000.00 is due by our registration deadline of February 15, 2017 with the remaining of \$1,550.00 due before, or on May 24, 2017. **Please note that classes may fill before the registration deadlines so we encourage you to register as soon as possible.** *We will be offering extended day care, from 8:00am to 9:00am and 3:00pm to 5:30pm, each day.* Priority will be given to students already enrolled at Focus, or to students, who will be enrolling for the 2016-2017 school year.

MEDICAL EMERGENCY FORM: Enclosed you will also find a medical emergency student form. Please fill out the form and return it with your student on their first day of school. It is necessary for you have this form to be **notarized** since it advises us of steps to take in a medical emergency. If you already have one on file, please update if needed.

MEDICATION INSTRUCTION & RELEASE FORM: We encourage parents to give their children their morning medication dosage before bringing their children to school. In addition, we encourage you to administer their late afternoon when the child returns home from school. However, we realize that medication must be given during school hours occasionally. Please read our regulations for medications and carefully fill out, sign and return the medication form. It is necessary for you have this form to be notarized. If you already have this on file, please update if needed.

STUDENT TECHNOLOGY ACCEPTABLE USE GUIDELINES FOR FOCUS ON THE FUTURE TRAINING CENTER: Parents/guardians should read, sign, and return this technology use guideline with your child on their first day or school. This form does not need to be updated if you have one on file, unless your response to this has change. Also, please provide a copy of your child's vaccination record.

Thank you very much for your cooperation, and we look forward to serving you and your children.

Sincerely,
Brenda Batts, PhD
Executive Director
(972) 599-1400

MEDICAL EMERGENCY FORM

Emergency Consent Form

If your child needs emergency medical care, and you are not available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM at Focus on the Future Training Center. In the event of a medical emergency concerning your child, this form would accompany them to the hospital so that the appropriate medical treatment can be rendered as necessary. We advise that you retain a copy of this form your records.

I/We hereby authorize _____ to give consent for all medical and/or surgical treatment that may be required for our child during our absence from _____ until _____. (Consent expires one year from this date)

Hospital of choice: _____

Child's Name: _____

Diagnosis: _____

Allergies: _____

Forbidden

Foods _____

Current Medication and Dose: _____

POTTY TRAINED.

YES ___

NO ___

COMMENTS: _____

FEEDS SELF:

YES ___

NO ___

COMMENTS: _____

PARENTS NAME: _____

ADDRESS: _____

HOME PHONE NUMBER: _____

Mom's CELL NUMBER: _____

Dad's CELL NUMBER: _____

Other EMERGENCY CONTACT: _____

E-MAIL ADDRESS: _____

Date of Last Tetanus Immunizations (Please attach immunization records)

Physician:

Telephone: _____

Parent (s) Name: _____

Parent (s) Address: _____

Telephone number of parent/guardian: _____

Additional telephone numbers: _____

Employer: _____

Telephone: _____

Health insurance co: _____

Membernumber: _____

Group number: _____

Nearest relative: _____

Telephone: _____

Additional relative: _____

Telephone: _____

Signature _____

Print Name: _____ **Date:** _____

MEDICATION INSTRUCTION & RELEASE FORM

TO: PARENT / GUARDIAN/ PHYSICIAN

We encourage parents to give the morning medication to the child before going to school and the evening medication when the child returns home. However, we realize that medication must be given during school hours occasionally. Please read the regulations below and carefully fill out and sign the medication form.

1. **ANTIBIOTICS**: These may be given in school for ten (10) consecutive days or less with a medication form completed by a parent. Medicine must be in a container appropriately label by a pharmacy with students' name, name of medicine, date, and doctor's name.

2. **OVER-THE-COUNTER DRUGS**: These may be given at school for three (3) consecutive days with the proper medicine form completed by a parent. The medicine must be in its original container and must be clearly labeled with student's name, name of medicine, and dosage (not to exceed dosage printed on the label.)

3. **ALL OTHER MEDICATIONS**: (Long term): All other medications may be given in school only after school medication forms have been completed by parent or signed instructions are received from the physician. The label on the medicine bottle must match the order written for school. Most pharmacies understand that the school requires appropriately labeled medicine bottles and will give you an extra bottle with correct labeling if requested. **MEDICATION SHOULD NOT BE TRANSPORTED EACH DAY BETWEEN HOME AND SCHOOL BY YOUR CHILD. MEDICATION WILL REMAIN IN THE OFFICE AND UNDER THE SUPERVISION OF THE STAFF.** Medication changes require a prescription doctor's prescription.

STUDENT'S NAME _____ DATE _____

NAME OF MEDICATION _____ DOSAGE _____

TIMES TO BE DISPENSED AT SCHOOL _____ **# OF PILLS TAKEN BY SCHOOL:** _____

DATE TO BEGIN _____ DATE TO END _____
MONTH/DAY/YEAR MONTH/DAY/YEAR

I hereby request a staff member of the Focus on the Future Training Center to administer the above medication to my child. I understand that this person may be inexperienced and untrained in this service. Furthermore, Focus on the Future, its staff, and administrators are released from liability resulting from an adverse reaction to any medication given to my child or from any other mishaps related to the administration of my child's medication.

PARENT SIGNATURE _____ PHONE NUMBER _____
DATE _____

LONG TERM MEDICATION

Please have physician complete above instructions and sign below. Parent must still sign release.

PHYSICIAN SIGNATURE _____ DATE _____

TELEPHONE NUMBER _____
Area Code Number

Please note: For field trips/community based instruction: If your child needs medication while outside our facility, and on a school function, you must provide a single dosage in a prescription bottle as no medication will be taken from the school office for administration by staff except EPI-Pens and Inhalers.

TECHNOLOGY USE AGREEMENT

Focus on the Future Training Center will have our students using our computers for educational purposes only. The use of the Computer Lab will be monitored by a staff member at all times. Students may use the Computer Lab for class assignments, instruction, research, and when granted permission and supervised by a staff member.

Different games will be available in the computer for our students to use as an added compliment to their curriculum or therapy session. These games are monitored and approved by Focus on the Future administration.

If a student has a computer game that he/she would like to bring from home to school, the game must be approved by Focus on the Future administration before it can be used by the child.

Downloading files from the Internet, loading software, emailing and instant messaging friends, and others are strictly prohibited.

Students: It is your responsibility to check your computer and notify your teacher immediately if there are any problems with the computer. Any attempt to fix the computer is prohibited.

I understand that violation of these rules may result in restriction of my network account. I agree to follow the rules set forth in this agreement as guidelines of Focus on the Future Training Center.

Student Name: _____ Student Signature _____

Date: _____ Parent/Guardian Signature _____

FOCUS ON THE FUTURE TRAINING CENTER

GENERAL INFORMATION

The **FOTF** summer camp calendar, delivery policy, cafeteria regulations, school supplies, and visiting regulations

Focus on the Future Training Center welcomes you and your child to what is shaping up to be an exciting year full of learning for our students. Our staff would like to welcome you and encourage you to visit our school, which has an open door policy for parents, students and their families. In order to be able to offer our student an environment conducive to learning we kindly ask you to adhere to the following regulations.

1. Visitors are always welcome, but we ask you to advise the school of your visit in order to minimize distractions for our students during their academic day and to comply with confidentiality concerns.
2. All classrooms have viewing windows for your convenience to help minimize distractions for our students. Visitors are not allowed in the classroom to minimize distractions.
5. If you will be picking up your student early, or dropping him/her off late, we ask that you stop by the reception area where a teacher's assistant will meet you and escort the student to their classroom. We ask for your cooperation in this area.
6. If your child has food allergies, please give us a list of these allergies and provide us with the snacks that your child is allowed to have.
7. Students will have an hour for lunch. We use lunch times to teach students independent skills, so we ask that students bring their own lunch, in **marked** lunch boxes to school every day.
8. Students are encouraged to bring pocket change money to purchase snacks to help reinforce academic skills in community-based instruction. \$1.08 is enough for a daily purchase at the Dollar Tree store.
9. Teachers are available for conferences or meetings during their planning time. Teachers' planning time is at 8:00am prior to the beginning of school. The teachers must be in the classroom and ready to teach at 9:00am, so we ask that if you need to talk to a teacher when you bring your student to class, please see Brenda and she will make sure your message is related to your student's teacher.
10. Please label all of your child's belongings such as lunch pack, backpack, and school supplies, etc. **NO SACK LUNCHES PLEASE, ONLY LUNCH BOXES/BAGS.**
11. **Classes start promptly at 9:00 am.** Student must be in their classrooms at 9:00am ready to begin their day. If you arrive **before 9:00 am, you may walk your student to class** if you like, if you arrive **after 9:00am, the receptionist or a teacher will take your student to class, this helps in minimizing students' distractions.**
12. Please allow teachers to bring your student to the front after school. Some students are either using the bathroom, or doing their self-help skills, and we strive to preserve our children's dignity and respect by protecting their privacy.
13. Dress your student appropriately. **No sandals, short skirts, short dresses, short blouses** showing their navel, or short shorts are allowed. Parents will be called to bring another outfit for their child if any of the above-mentioned items are worn to school.
14. If a student has a temperature/fever of 100 degrees or more, or if he/she has vomited, Focus will call the student's parents for the student to be picked up from the school, with **NO exceptions.** This is done to protect not only the student who is sick, but also other students as well. Please note that **THE STUDENT MAY NOT RETURN TO SCHOOL FOR 24 HOURS, AND THAT A**

DOCTOR'S NOTE WILL BE REQUIRED AS WELL. We understand the inconvenience of this policy, but we are required to follow this protocol as school districts do.

Thank you very much for helping us to provide the best environment for our children by adhering to the above requests. We appreciate you sharing your precious child with us, and rest assured that your student is in an environment conducive to learning and one in which he/she will thrive emotionally, intellectually, and socially.

Sincerely,

The Staff
Focus on the Future Training Center
(972) 599-1400

FOCUS ON THE FUTURE TRAINING CENTER
2017 Focus Summer Adventure Camp
SUPPLIES

| QUANTITY | DESCRIPTION |
|--------------------|--|
| 3 packs/containers | Clorox wipes |
| 1 | Back pack |
| 1 Set | Disposable plates |
| 1 pkg | Paper towels |
| 1 pkg | Snacks <i>for students with specific food allergies only</i> |
| 1 | Spiral notebook |
| 1 | 1-inch, three ring binder |
| 1 | Lysol Disinfectant Spray |
| 1,000,000 | Smiles!!! |