



Welcome to Autism Connection Therapeutic After School Program!

We are excited that you have chosen Autism Connection for your after-school needs. We will strive to make this year the best you have ever had. We have an amazing crew of wonderful, skilled staff just waiting to create a memorable experience.

Registration Form

Monday- Friday 2pm-6pm

(please check which one applies to you)

☐Therapeutic Integration *(small group 3:1)*

☐Intensive Therapeutic Integration *(1:1)*

***If you are a private pay client please contact our Director, Annie Koukoulis, for information regarding service fees.**

Participant's Name:

Age:

Home School:

Grade:

Parent's Name:

Address:

Parent's Email:

Phone Cell Number:

Work Number:

Pick up policy

Autism Connection is very concerned about the safety of our participants. Only those listed below are authorized to pick up and sign out your child. Under NO circumstances will your child be allowed to leave our program with an unauthorized person.

Authorized Pick-Up Person(s)/Phone number

1.

2.

Date received Click or tap to enter a date.



3.

Helpful Contact Information

Director: Annie Koukoulis, MA.T, Special Education

Address: 101 E. Wheel Road, Bel Air, MD 21015

Contact Number: 443-457-3354

Cell phone: 727-366-0323

Email: akoukoulis@autismconnectioninc.com

**Parents/Guardians should always call the center if their child will not be attending that day.*

Our after-school program begins with check-in at 2 pm and ends with check-out at 6 pm, Monday-Friday, unless otherwise specified.

Center Closure

Autism Connection follows HCPS inclement weather, half days and scheduled school closings.

Personal belongings

Please have all items labeled with your child's name. Autism Connection, Inc. is not responsible for items that are lost, broken, or stolen. Articles that are left behind at the end of the day and are not labeled will be placed in the lost and found.

Cooking activities

Autism Connection Inc. will be providing each participant with the opportunity to participate in cooking activities and instruction to help follow a simple non-bake recipe at least once a week. Although Autism Connection does provide snacks for participants, we are always open to accepting donations. If your child has dietary restrictions, you will be responsible for providing a daily afternoon snack for your child.

Allergies and/or dietary restrictions (please list below)



Termination

If a participant demonstrates extreme behaviors such as property destruction, elopement, consistent severe aggressive behaviors included but not limited to (hitting, kicking, biting, pinching, hair pulling) towards other participants and/or staff and the situation has been deemed unsafe the participant's attendance to the Autism Connection center will be immediately terminated. The participant may continue to be dropped off at the Autism Connection center for 2 weeks while planning for a new drop-off location. Parent/guardian will be responsible for picking participant up when the bus arrives at the Autism Connection center. Please note that TI or ITI services are **not** terminated and can continue to occur outside of the Autism Connection center.

Accident or injury

If an accident should occur at our program, the Director will inform the parent at the time of pick up, unless it is a head or more serious injury. All injuries to the head or that are more serious in nature will receive an immediate parent phone call. If emergency treatment is warranted, the Director will immediately notify the parent/guardian and the participant will be transported by ambulance to the nearest medical facility, if necessary. Furthermore, parent/guardian agrees to hold harmless Annie Koukoulis and Autism Connection, Inc. and all its employees should an unforeseen accident occur.

Medical History and Information (please list)

Medications (please list)

Pediatrician Name:

Pediatrician Phone Number:

Emergency medical release

If an emergency occurs and I cannot be contacted, I authorize the staff to grant permission for my child to receive emergency medical treatment. Initials:

Late pick up fees

Our camp day ends at 6 pm. The following procedures are used when there is a camper still at the program after 6. Late pick up will be documented and a late charge of \$10 for

Date received [Click or tap to enter a date.](#)



every 15 minutes will be charged starting at 6:05, giving a 5-minute grace period for pick up. All late fees will be charged to the debit or credit card on file.

Illness

We urge you to keep your child at home if they are ill or if they are experiencing any signs or symptoms of Covid19 including but not limited to chills, cold, nausea, fever, a sore throat, a consistent cough, diarrhea, or any signs or symptoms of the flu. If a student has had direct exposure to Covid19 he/she must remain at home. If your child has been vomiting or has a fever, he/she may not return until he/she has been fever and/or vomit free for 24 hours without medication. If a student exhibits any of these signs, parents will be notified and must pick up their child immediately.

Transportation

Autism Connection, Inc. does not provide transportation unless otherwise discussed. Please contact transportation to make arrangements for your child to be dropped off at the center.

Bus #

Drop of time

Parent Name (print below)

Parent Signature (sign below)

Date



Photography/Social Media Release

I, _____, parent or legal guardian of

Do hereby grant permission to Autism Connection, Inc. and its employees and representatives to take photographs, videos and/or digital images of **my child** for use in promotional and educational materials pertinent to the Autism Connection Therapeutic After School program as follows:

- In printed publications or materials
- In electronic presentations and/or publications
- On the Autism Connection website (www.autismconnectioninc.com)
- On the Autism Connection related social media site(s)
 - Instagram: @autismconnectioninc
 - Facebook: autism connection
 - Tik Tok

I agree that my child's identity

☐ May be revealed

☐ May **NOT** be revealed in descriptive text or commentary in connection with image(s).

I authorize the use of these image(s) indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, and videos shall be property of Autism Connection, Inc.

Parent Name:

Parent Signature:

Date received Click or tap to enter a date.



Date:Click or tap to enter a date.

Date received Click or tap to enter a date.