

## Focus Adventure Camp 2012

Dear Parents/Guardians:

On behalf of Focus on the Future training Center's 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 on our beautiful new campus at 1717 W Plano Parkway, Plano, 75075. Our Summer Camp dates are June 18<sup>th</sup> to July 27<sup>th</sup>, 2012. Below you will find important information regarding our summer camp.

FINANCIAL MATTERS: Focus Summer Adventure Camp runs for six weeks, Monday to Friday from 9:00am to 3:00pm. (We may offer before & after school care, based on demand.) The tuition for the summer camp is \$2,250 for grades Pre-K to Grade 12. A non-refundable installment of \$1,000 is due by April 15, 2012 with the balance being due by no later than June 10, 2012 to reserve seating. (Priority will be given to students already enrolled at Focus and to those who will be enrolling for the 2012- school year.) Interested parents are encouraged to register early as we expect this session to sell out.

MEDICAL EMERGENCY FORM: Please fill out this form and return it with your student on their first day of school. It is necessary for you to have this form 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 medication 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 to have this form notarized. If you already have this on file, please update if needed.

STUDENT TECHNOLOGY ACCEPTABLE USE OF GUIDELINES FOR FOCUS ON THE FUTURE TRAINING CENTER: Parents/guardians should read, sign, and return the technology use guideline with your child on their first day of school. This form does not need to be included if we have one for your child on file, unless your information has changed.

Please look through the registration pack carefully and mail, fax to (972) 599-1414, or drop it off as soon as possible at 3405 Custer Road Suite 100 Plano, Texas 75023. If you have any questions, please do not hesitate to contact us at (972) 599-1400. Thank you very much for your cooperation, and we look forward to serving you and your children.

Sincerely,

Brenda M. Batts, M.Ed  
Executive Director, Focus on the Future Training Center  
3405 Custer Road, Suite 100  
Plano, Texas 75023  
[www.focussped.com](http://www.focussped.com)  
(972) 599-1400 Phone  
(972) 599-1414 Fax

## 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:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

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\_\_\_\_\_  
\_\_\_\_\_

**Forbidden Foods** \_\_\_\_\_

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\_\_\_\_\_  
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**Current Medication and Dose:** \_\_\_\_\_

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\_\_\_\_\_

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**Date of Last Tetanus Immunizations (Please attach immunization records)**

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**Physician:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Parent (s) Name:** \_\_\_\_\_  
**Parent (s) Address:** \_\_\_\_\_  
**Telephone number of parent/guardian:** \_\_\_\_\_  
**Additional telephone numbers:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Health insurance co:** \_\_\_\_\_  
**Member number:** \_\_\_\_\_  
**Group number:** \_\_\_\_\_  
**Nearest relative:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_  
**Additional relative:** \_\_\_\_\_  
**Telephone:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature** \_\_\_\_\_

## **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.**

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STUDENT'S NAME \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF MEDICATION \_\_\_\_\_ DOSAGE \_\_\_\_\_

**TIMES TO BE DISPENSED AT SCHOOL** \_\_\_\_\_ **# OF PILLS TAKEN AT 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 \_\_\_\_\_

NOTARY \_\_\_\_\_ DATE \_\_\_\_\_

***\*PLEASE HAVE THE SGNATURE ABOVE NOTARIZED\****

### **LONG TERM MEDICATION**

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

PHYSICIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ Notary \_\_\_\_\_ Date \_\_\_\_\_  
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: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

## **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 office of your visit in order to minimize distractions to our students during their academic day.
2. All classrooms have viewing windows for your convenience and to help minimize distractions for our students.
3. If you would like to talk to a student in particular, please let your child's teacher know, and she will arrange a private place for your visit with your student.
4. 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.
5. 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.
6. Students will have an hour for lunch. You are welcome to come to the cafeteria to have lunch with your child.
7. Students are encouraged to bring pocket change money to purchase snacks to help reinforce academic skills in community-based instruction. The cost of this is \$1.08 (including tax) per day.
8. Teachers are available for conferences or meetings during their planning time. Teacher's planning time is at 8:00 am prior to the beginning of school.
9. Please label all of your child's belongings such as lunch pack, backpack, and school supplies, etc.
10. Observations of students by Doctors and other professionals, which have been authorized by parents or guardians, will only be permitted during one-on-one instruction, due to student confidentiality concerns.

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,

Brenda M. Batts, M,Ed.  
Executive Director  
Focus on the Future Training Center.

**FOCUS ON THE FUTURE TRAINING CENTER  
2012 Focus Summer Adventure Camp  
SUPPLIES**

<b>QUANTITY</b>	<b>DESCRIPTION</b>
24 pack	Bottled Water
3 packs	Baby Wipes
2 Box	Kleenex
1	Back pack
1 Large	Bag of Goldfish, or special snacks if allergies are present.
1 Large	Bag of Chex Mix, or special snacks if allergies are present.
1 Set	Disposable plates
1 pkg	Paper towels
1 Large	Bag of Pretzels or other special snacks if allergies are present.
1,000,000	Smiles!!!

**FOCUS ON THE FUTURE TRAINING CENTER  
2012 SUMMER CAMP  
INDIVIDUAL STUDENT PROFILE  
\*This form is required\***

**NAME:** \_\_\_\_\_ **GRADE LEVEL** \_\_\_\_\_

**AGE:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**NAME, AGES, AND NUMBER OF SIBLINGS**

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**LIKES:**

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**DISLIKES:**

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**GETS FRUSTRATED WHEN:**

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**COMMUNICATES HIS/HER FRUSTRATION BY:**

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**COMMUNICATION MODE:            VERBAL\_\_\_\_    NON-VERBAL\_\_\_\_**

**NUMBER AND WORDS STUDENT USES:**

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**ALLERGIC TO THE FOLLOWING FOODS/ENVIRONMENTAL ALLERGIES:**

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**FOODS NOT ALLOWED:**

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