

# UNLESS U STUDENT APPLICATION AND AGREEMENT 2017-2018

## **PARTICIPATION:**

I am enrolling my young adult in Unless U and agree to pay a **non-refundable registration fee of \$25.00.**

My young adult will attend on the following days: (please mark)

**TUES** \_\_\_\_\_ **WED** \_\_\_\_\_ **THURS** \_\_\_\_\_ **FRI** \_\_\_\_\_

## **FEE SCHEDULE:**

Full time=Four days per week @ \$125.00 per week. \$500 per month.

3 Days a Week = \$100.00 per week. \$400.00 per month.

2 Days a Week = \$80.00 per week. \$320.00 per month.

1 Day a Week=\$50.00 per day. \$200 per month.

## **HOURS:**

7:15 a.m. - 6:00 p.m. Academic classes do not begin until 8:45 a.m.

After School Care is \$5 a day or \$10 per week from 3:15 p.m. til 6:00 p.m.

## **POLICIES**

- **METHOD AND TIME OF PAYMENT:** Tuition is due on the first day of each week the student is scheduled for attendance. Please note that there is a service charge on checks returned to Unless U from the bank for insufficient funds.
- **ATTENDANCE:** We ask that your young adult be at the center by 9:00am. When your young adult will not attend Unless U, please call the center before 8:00 am. Because of our small program and limited budget and resources, regular fees will apply for holidays, sick days, or part of the week missed by students.
- **HOLIDAYS:** Unless U will be closed the following holidays:
  - Spring Break -March 27th - March 31st
  - Good Friday - April 14th
  - Summer Break - May 29th - June 12th
  - Parents will be notified of any other possible closings.
- **TERMINATION OF ENROLLMENT:** Please notify the center director if your young adult must withdraw from the program, and provide a two week written notice. This will allow other students on our waiting list to fill a spot in the program.
- **ADMISSION POLICIES:** Unless U shall accept only young adults whose capabilities enable them to benefit from its program, and for those Unless U is staffed and equipped to provide care.
- Basic qualifications include but may not be limited to the following:
  - 1. Must be 18 years of age or older, must have independent self-care and self-help skills, (i.e., toileting, eating, etc...)

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- 2. Must be willing and able to follow simple verbal instructions.
- 3. Must be willing and able to participate in activities with minimal assistance from the staff and trained volunteers.
- 4. Students must get along well with peers.
- 5. Unless U does NOT tolerate bullying or dangerous behavior. Unless U shall not admit or maintain any young adult whose needs it cannot meet or whose behavior would be dangerous for other students in the program.
- 6. There shall be no discrimination on the basis of race, color, religion, sex, national origin or disability.
- **PROGRAM DESCRIPTION:** We dream of a program that will create a "University-like" atmosphere for our adults. Therefore, we will include in our curriculum:
  - Academics - Math, Reading, Science, History, and Bible Study
  - Social Skills- Appropriate conversation, Social Cues, Interpersonal skills, Problem, and conflict resolution skills
  - Fine Arts - Dance, Music, Art, and Theater.
  - Life Skills- Money, Personal Hygiene, Home Economics, Technology, and Nutrition
- **SICK POLICY: Student's who are sick and may be contagious should not attend on their scheduled participation days.** If your young adult becomes ill while at Unless U, you will be contacted and asked to pick up your young adult. If you cannot be reached, your emergency contacts will be notified. Your young adult should not return to Unless U until he/she is symptom free for 24 hours.
- **REPORTING SUSPECTED ABUSE:** Unless U is required by law to report any suspected abuse to the local police.
- **DISCIPLINE POLICY:** Unless U uses a positive disciplinary approach with students. Recurring disciplinary problems will be addressed with parents and documented in the student's record.
- **PARENT COMMUNICATION:** Parent/Director conferences may be scheduled as needed before or after operating hours. Parents are not allowed to sit in on classes with their student. Unless U's mission is to foster independence. The only exception is for parents that wish to observe prior to signing up for Unless U, this is allowed for a 30 minute lesson.
- **CONFIDENTIALITY POLICY:** All information pertaining to admission, health, family or discharge of a student is confidential.

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

Director Signature \_\_\_\_\_

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## PARENTAL RELEASE

Student's will be released only to a parent or person named by the parent who has proper identification. Parents or persons named by the parent must make sure that a staff member is aware of the young adult's arrival and departure. Parents shall sign the student in and out by name and time of arrival and departure.

### Pick Up Information

I hereby designate the following individual(s) as being authorized to remove my young adult from Unless U. It is understood that my young adult will not be released to any other person without my expressed consent.

Name	Relationship	Address	Telephone
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Name	Relationship	Address	Telephone
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### Emergency Medical Authorization

I agree, and by my signature, give consent, that in any case of an accident, injury or illness of a serious nature, my young adult will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible should I be away from the phone numbers given with this application. In the event that I cannot be reached at the time of illness or accident, or the emergency is such that time does not permit such contact, you are hereby authorized to contact the physician listed below. If the named physician cannot be reached, permission is hereby granted for you to call a licensed physician of your selection.

DR. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist. \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Field Trip/ Social Media Authorization: Permission is hereby granted for my young adult to participate in such field trips and/or transportation to and from planned activities in connection with Unless U, whether on or off the premises, and I hereby release you from any and all damages, claims and other liability resulting from any such field trips. Permission is also granted to permit use of photographs of my young adult provided, however, that no identification(name & address) will be used unless expressly authorized. I also realize that student's interacting even under close supervision will have occasional accidents. Therefore, I hereby release you from any and all claims, damages or other liability for injuries to or damage by my young adult which are not a result of negligence of you, your agents, employees or are entirely beyond your control.

I understand and except the above outlined operational and financial policies of Unless U.

Date \_\_\_\_\_ Parent Signature \_\_\_\_\_

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**EMERGENCY HOSPITAL RELEASE**

I, the undersigned parent or guardian of \_\_\_\_\_, hereby authorize the physician on duty in the Emergency Room at the \_\_\_\_\_ and whomever he designates as his/her assistants ( including paramedics and medical students) to administer such treatment of operative procedures, including anesthetics, as necessary. \_\_\_\_\_ is authorized to disclose any information requested in our records to any insurance company, organization or agency that may be concerned with the payment of the hospitalization cost of the patient.

The patient's physician is \_\_\_\_\_. I understand that the hospital will attempt to notify me and the family physician when the patient is brought to the Emergency Department.

Medications or medical conditions that may be important to any treatment during an emergency:

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Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Director \_\_\_\_\_ Date \_\_\_\_\_

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STUDENT: \_\_\_\_\_ DOB \_\_\_\_\_

1. Parent/ Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

2. Parent/Legal Guardian \_\_\_\_\_

Address \_\_\_\_\_

Home# \_\_\_\_\_ Cell# \_\_\_\_\_ Work# \_\_\_\_\_

**OTHER CONTACTS APPROVED TO DROP OFF/ PICK UP**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ #: \_\_\_\_\_

Physician: \_\_\_\_\_ #: \_\_\_\_\_

What is your student's diagnoses? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your student have seizures? \_\_\_\_\_

If yes, what protocol would you like our staff to take in the event of a seizure?

\_\_\_\_\_

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List of medications/medical issues/allergies \_\_\_\_\_

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Parent/Guardian Signed \_\_\_\_\_

Date \_\_\_\_\_

Director/Admin Director \_\_\_\_\_

Date \_\_\_\_\_

# UNLESS U STUDENT APPLICATION AND AGREEMENT 2017-2018

## GENERAL INFORMATION ABOUT YOUR STUDENT

Please help me get to know your student by filling out the form below. This is a helpful piece of information that will allow our staff to personalize instruction so that your young adult will experience success and fulfillment at Unless U.

Favorite activities, hobbies, sports, interests, likes, dislikes:

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Favorite foods: \_\_\_\_\_

Favorite music/artists: \_\_\_\_\_

Is your young adult an independent reader? \_\_\_\_\_

General disposition: \_\_\_\_\_

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Triggers or cues of aggravation or frustration: \_\_\_\_\_

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What methods of redirection work best for your young adult if they experience frustration? \_\_\_\_\_

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What are specific **life skills** that your son or daughter could improve on?

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What are specific **educational** skills that your son or daughter could improve on?

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What are specific **social** skills that your son or daughter could improve on?

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What are specific **speech** skills that your son or daughter could improve on?

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Additional information which may be helpful in understanding your student, his or her needs, and in making the transition to this program easier:

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I (We) fully understand and agree to the terms of this contract. This agreement may be re-negotiated at any time.

Parent's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Director/Admin Director \_\_\_\_\_ Date: \_\_\_\_\_



# UNLESS U STUDENT APPLICATION AND AGREEMENT 2017-2018

## UNLESS U TUITION POLICY ACADEMIC YEAR 2016-2017

- We have three basic types of payment schedule agreements:
  - a) Paid in full for the enrollment period
  - b) Monthly payments
  - c) Weekly payments
- A one-time registration fee will be due upon completion of the enrollment application. This fee will go towards supplies for your student.
- If you choose to pay weekly, tuition is due on the first day of each week the student is scheduled for attendance.
- Unless U is open Tuesday/Wednesday/Thursday/Friday between the hours of 7:15 a.m. and 3:15 p.m. Academic classes do not begin until 8:45 a.m.
- After School Care will be \$10 per week from 3:15 p.m. til 6:00 p.m. Students must be enrolled separately in order to attend the Unless U after school care program. If students are not enrolled and are not picked up by 3:15 then the late fee of \$10.00 for every fifteen minutes late applies.
- Please notify the Director if you wish for your student to be enrolled in the after school program. There is no enrollment fee.
- There is a service charge on checks returned to Unless U from the bank for insufficient funds.
- **Tuition is based on student enrollment, not attendance. Tuition is due whether your student is out of town or misses school for any other reason.**
- If your student is part time (1 day a week) these days can be made up.
- A family discount will be available to those families enrolling more than one student. A 20% discount per student will apply.
- Please notify the director if your student must withdraw from the program and provide a two week written notice. This will allow other students on our waiting list to fill a spot in the program. Tuition will continue to be charged if a notice is not received. Parents are responsible for payment in full.
- It is understood that the term Parent means Parent or Guardian or Sponsor responsible for all financial obligations concerning enrolled student/students as specified in the Enrollment and Admission form.

I HAVE READ THIS AGREEMENT AND MY SIGNATURE BELOW INDICATES THAT I WILL ABIDE BY THE TUITION POLICIES OF UNLESS U.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Parent/Guardian's Signature