



**Brent Woodall Foundation for Exceptional Children
Preschool Readiness Educational Program (PREP)**

2011-2012 PREP Registration & Policies

Brent Woodall Foundation for Exceptional Children Preschool Readiness Educational Program

What is PREP?

PREP is a Preschool Readiness Educational Program. The mission of PREP is to provide students with academic and social skills practice in a classroom setting. Using the principles of Applied Behavior Analysis, PREP prepares students to integrate into a typical preschool or kindergarten setting.

Who is PREP for?

3-5 year olds

What does a typical day at PREP look like?

A typical day at PREP will include a welcome and planning time, learning through movement, a themed language lesson, learning centers (fine motor and handwriting, computers, sensory, games, reading, math, and dramatic play), social lunch, and circle time. Each semester will include various Special Activities such as art, Spanish, music, yoga, French, and Sign Language. We will also continue any toilet training programs and behavior plans necessary for each student.

When is PREP?

The PREP year will run for two semesters each calendar year. Each semester will be twelve weeks long and will run Monday through Friday from 9:00 am-2:00 pm.

About the Staff

Jaci Hardwick is the Assistant Educational Director for the Brent Woodall Foundation for Exceptional Children. She is a certified teacher and has four years of experience teaching children with autism and other developmental disabilities. As the PREP Facilitator, Jaci will create and implement lesson plans each day. PREP will have a 1:3:10 teacher/prompter/student ratio. If necessary, 1:1 prompting will be provided for children who require additional support. PREP prompters will be BWF Assistant Therapists specially trained to provide necessary assistance in a classroom setting while promoting independence in academic and social learning.

Daily Schedule

A general schedule of activities will be posted in the PREP room for each day. While routine is important, schedules will vary slightly from day to day. A typical day at PREP will include 1-3 circle times, a themed language lesson, lunch & snack time, learning through movement, learning centers, and one Special Activity.

Child's Last Name: _____ Child's First Name _____ Date: _____

20011-2012 Calendar

PREP FALL SEMESTER

SEPTEMBER						
S	M	T	W	TH	F	S
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

OCTOBER						
S	M	T	W	TH	F	S
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

NOVEMBER						
S	M	T	W	TH	F	S
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3

DECEMBER						
S	M	T	W	TH	F	S
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

PREP SPRING SEMESTER

JANUARY						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	1	2	3	4

FEBRUARY						
S	M	T	W	TH	F	S
29	30	31	1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	1	2	3

MARCH						
S	M	T	W	TH	F	S
26	27	28	29	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

APRIL						
S	M	T	W	TH	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

POLICIES & PROCEDURES

August 2011

Admission Steps:

Please provide these items before the first day of class:

1. Completed Registration Form
2. Fees: Registration fee and first month's tuition
3. Completed student information sheet including emergency information
4. Consent form for video, photo, and name usage
5. Confidentiality agreement
6. Signed acknowledgment of receipt & understanding of packet

Testing:

All Children entering PREP will complete the Bracken School Readiness Assessment (Bracken). This testing must be completed before the first day of the semester. To schedule your child's testing, contact Tracy Pierce Bender at PREP@woodallkids.org. A post-test will be conducted at the end of each PREP year.

Testing/Registration Fee:

There is a \$250 non-refundable testing/registration fee due at the time of your child's initial testing. If your child attends consecutive semesters of PREP, we will waive the testing/registration fee for the second semester. A new testing/registration fee will be due at the beginning of each PREP Year. The PREP Year begins each September with the Fall Semester. If it is determined after completing the Bracken your child is not ready to enter PREP, your testing/registration fee can be applied towards the Intensive Intervention Program (IIP) at the Brent Woodall Foundation for Exceptional Children.

Tuition Payment Options

Tuition for PREP will be \$5000.00 per twelve (12) week semester. In an effort to help clients with their budgeting, monthly tuition is determined by multiplying the weekly tuition by the number of weeks PREP will be in session for each month. PREP can be filed under individual insurance as Group ABA Therapy. For questions, contact Carley Waltenburg at carley@woodallkids.org. All tuition fees are non-refundable.

Monthly Installments:

Fall Tuition Schedule & Due Dates:

September 1st - \$1,250.00
October 3rd - \$1,666.00
November 1st - \$1,666.00
December 1st - \$418.00

Spring Tuition Schedule & Due Dates:

January 2nd - \$418.00
February 1st - \$2,082.00
March 1st - \$1,250.00
April 2nd - \$1,250.00

Discounted Tuition:

If you choose to pay in full at the beginning of each semester, you will receive a \$200 discount. This will bring the cost of tuition to \$4800 for each semester. Payment for the Fall semester is due by September 1st. Payment for the Spring semester is due by January 2nd. If you choose to pay in full for both the Fall and Spring semesters you will receive a \$2,000 discount. Payment must be made by September 1st in the amount of \$8000.00 for the PREP year.

Child's Last Name: _____ Child's First Name _____ Date: _____

Attendance

Children are expected to arrive by 9:00am unless special arrangements have been made prior. All Classroom activities will begin promptly at 9:00am. To ensure a positive start to your child's day, please do not arrive later than 9:00am. PREP concludes daily at 2:00pm. Children must be picked up at that time unless arrangements have been made in advance for them to stay for 1:1 therapy services.

To maintain consistency and reduce distraction for all of the children, vacations and outside appointments should be scheduled around PREP. PREP should be notified of all absences for the security of the children as well as for programming purposes. A note from the child's doctor may be required when the child is absent 2 or more days. A doctor's order is required to return following a communicable illness. Refunds will not be made for absences or emergency closings of PREP.

Signing In and Out

All parents are **required** to sign their children in and out each day.

What To Send With Your Child

Each child will need:

1. At least two changes of clothing.
2. Packed lunch (no nut products allowed or items that require heating up).
3. Backpack.
4. Diapering products may be needed by some children.
5. Art smock or large shirt to be used as a smock.

Please label all items with child's initials or name.

Clothing

PREP students are required to wear a PREP t-shirt and one of the following colored shorts, pants, or skirts: khaki, denim, or black. Please have girls wear modesty shorts under skirts. Each child will be given two (2) PREP shirts prior to starting their first semester. Additional shirts can be purchased for \$10. Children's clothing should be appropriate for the weather and the child's individual needs. Children will be using paint and other messy materials that may stain clothing.

Communication

If you do not already have an email address, please set one up. Email is our main point of contact with each family. You will be receiving your invoice and important notifications through email. It is also the most efficient way for you to communicate with us. All appointment requests must be made to Tracy via email at PREP@woodallkids.org. We will call if there are urgent cancellations. Please make sure your email will accept email from the following: PREP@woodallkids.org, info@woodallkids.org, development@woodallkids.org, carley@woodallkids.org, tracy@woodallkids.org, irina@woodallkids.org, bethany@woodallkids.org, jaci@woodallkids.org. In the event of inclement weather, we will give information regarding closing on our outgoing voicemail. If you are unsure if we are open, you can call 972-756-9170 to get that information. We will also do our best to post closings with the major news stations.

Parents will be given a daily summary giving basic details of their child's day at PREP. Monthly progress reports based on the Kaufman Survey of Early Academic & Language Skills (K-SEALS) will be sent home detailing the child's progress in specific areas. PREP will incorporate ABA procedures and strategies in its teaching. Data will be collected and analyzed in order to track progress on academic and social goals.

Child's Last Name: _____ Child's First Name _____ Date: _____

Observation

Parents are welcome to observe PREP. If a parent's attendance becomes a distraction to their or any child, they will be asked to leave. PREP can be videotaped on request to allow parents to observe their child without distracting them. Observations must be scheduled in advance with Tracy Pierce Bender due to the size of the PREP room. Please email PREP@woodallkids.org to schedule an observation.

Sick Policy

Children must be fever, diarrhea, and vomit free for 24 hours without the use of fever reducing medication before returning to the office after being ill. If your child becomes ill while at our office, we will call you to pick him/her up immediately. If your child is sick, you must call the office at (972)756-9170 and leave a message or email PREP@woodallkids.org by 7 am.

Nut Free Environment

The Brent Woodall Foundation is a nut-free zone. Please do not send food with your child that contains nuts of any kind. If those items containing nuts are brought into the office, we will be required to discard them immediately. If you eat or handle any nut products prior to entering our office, please wash your hands and/or use hand sanitizer.

Medications and Supplements Policy

We are unable to administer medications/supplements to any client. Parents may issue medications/supplements to your child, but the medication/supplements cannot remain with the BWF staff. Parents must keep medication with them at all times. Medications or supplements cannot be put into a child's food or drinks. If you have any questions regarding this policy, please speak with Tracy.

Child's Last Name: _____ Child's First Name _____ Date: _____

Preschool Readiness Educational Program (PREP)

REGISTRATION

Semester: Fall _____ Spring _____ Year _____

CHILD INFORMATION

Last Name: _____ First Name: _____ Middle: _____

Age: _____ Gender: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone # (home): _____

Race/Ethnicity: _____ Language spoken by child: _____

PARENT/GUARDIAN INFORMATION

Child Resides With: Both Parents Mother Father Guardian

If guardian: Is this the legal guardian? Yes No Relationship to child: _____

Primary Caretaker: _____

Parent/Guardian Full Name: _____

Cell #: _____ Work #: _____

Home # (if different): _____ E-mail: _____

Parent/Guardian Full Name: _____

Cell #: _____ Work #: _____

Home # (if different): _____ E-mail: _____

Please inform PREP (prep@woodallkids.org) of any changes in contact phone numbers, addresses, or e-mail addresses.

Child's Last Name: _____ Child's First Name _____ Date: _____

WAIVER AND INDEMNITY AGREEMENT

I, _____, acknowledge and agree to receive educational training from representatives of the BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN ("Indemnitee"), a Texas 501©3 corporation with its principal office located at 3021 Gateway Drive, Suite 295, Irving, Texas, 75063 (the "Company") pursuant to the following terms:

1. I understand that this Agreement does not create an obligation by the Company of its consultants to work with me or my family on an ongoing basis.
2. I understand that selected representatives from Indemnitee will work with me or designated representatives of my family regarding the training of Applied Behavior Analysis ("ABA"). I recognize that the designated representatives are trained in ABA work, and are NOT TRAINED MEDICAL PHYSICIANS. THEY ARE NOT TRAINED OR LICENSED TO PROVIDE A MEDICAL DIAGNOSIS OF ANY KIND OR TYPE.
3. I and my family shall indemnify, defend, and hold harmless Indemnitee, the subsidiaries and parent corporations of Indemnitee, each director, officer, employee, consultant, and agent of Indemnitee or any of its subsidiaries or parent corporations, and each affiliate of Indemnitee and its subsidiaries and parent corporations, and their respective heirs, legal representatives, successors, and assigns (collectively, the Indemnitee Group"), from and against any and all claims, actions, causes of action, demands, assessments, losses, damages, liabilities, judgments, settlements, penalties, costs, and expenses (including reasonable legal fees and expenses), of any nature whatsoever, whether actual or consequential (collectively, "Damages"), asserted against, resulting to, imposed upon, or incurred by any member of the Indemnitee Group, directly or indirectly, by reason of or resulting from receiving educational training for my child or children.

Any suggestions made to seek other services are simply suggestions. If the client chooses to follow the suggestions, the client assumes full responsibility for all charges and/or damages resulting from services. The client will hold the clinician, and all associated individuals, harmless for any and all obligations, damages, and charges resulting from services rendered by others.

Counseling/therapy is not a "quick fix" or a "cure all." It may or may not produce desirable results and, for some, may be detrimental. If at any time, you are not satisfied with the progress, approach, or techniques, you are encouraged to address this with the counselor, and you or the counselor may consider if services are still serving your needs at any time. Persistent lack of response to intervention may necessitate termination of treatment and/or referral to another healthcare provider for further treatment.

4. This Indemnity Agreement shall insure to the benefit of and be binding upon the respective heirs, executors, administrators, successors, and assigns of the Indemnitee and the undersigned.

Child's Last Name: _____ Child's First Name _____ Date: _____

5. This Agreement contains the entire agreement between the parties. No modification or amendment of this Agreement shall be of any force or effect unless made in writing and executed by the parties.
6. This Agreement, and the rights and obligations hereunder, may be assigned by Indemnitee to any of its affiliates at any time without the consent of the undersigned.
7. I agree that exclusive venue and jurisdiction of any dispute arising hereunder shall be in Dallas County, Texas, and that the terms and provisions of this Agreement shall be governed by and construed in accordance with the laws of the State of Texas without reference to its choice of law rules.
8. Except as expressly set forth herein, all disputes and claims relating to or arising out of this Agreement, including but not limited to all federal and state laws pertaining to the relationship, rights and obligations of the parties hereunder shall be settled totally, finally, and exclusively by binding arbitration in the City of Dallas, Dallas County, Texas, in accordance with the Federal Arbitration Act and the Commercial Arbitration Rules of the American Arbitration. Notice of such claim must be served on the other party within sixty (60) days of its inception to be valid. The decision of the Arbitrator(s) shall be final, and the judgment upon the award rendered by the Arbitrator may be entered in any court having jurisdiction thereof. This agreement to arbitrate shall survive the termination of this Agreement for any reason. The parties further agree that they may use alternate dispute resolution, including mediation, to resolve any differences and disputes between them.

AGREED TO BY:

Name _____
Address _____
Signature _____
Date _____

ACKNOWLEDGED BY:

BRENT WOODALL FOUNDATION FOR EXCEPTIONAL CHILDREN
PRESCHOOL READINESS EDUCATIONAL PROGRAM

By _____
Name _____
Title _____
Date _____

Child's Last Name: _____ Child's First Name _____ Date: _____

Confidentiality Agreement

I, _____, agree to keep all information received and/or obtained through the Brent Woodall Foundation for Exceptional Children, Preschool Readiness Educational Program (PREP) confidential. I cannot share any information attained with any person(s) outside of Brent Woodall Foundation staff. I understand that if I have knowledge of any person(s) who has violated this confidentiality agreement, I am required to report it to the Director immediately. I understand that any willful misrepresentation or failure to comply and follow the policies and procedures set forth at any time is cause for denial or dismissal of services.

I have read and understand the above statement.

I agree to conform to the above statement.

Signature

Date

Policy Agreement

I have read and understand the Brent Woodall Foundation's Preschool Readiness Educational Program Packet dated August 2011. I understand that if I have any questions about the content of this packet, I can ask the Director at any time. I understand that when this packet is updated, I will be asked to read the new version and sign another statement of understanding. I agree to abide by the Policies and Procedures outlined in the PREP Packet.

Parent's Signature and Date

Child's Name

Child's Last Name: _____ Child's First Name _____ Date: _____

**Brent Woodall Foundation for Exceptional Children
Preschool Readiness Educational Program**

Consent Form

The Preschool Readiness Educational Program is designed to help children grow and develop to their fullest potential. At various times, the children and therapists will be photographed and/or videoed. These photos and videos will be used for several purposes: research documentation and evaluation, parental viewing, lessons in the group, and development materials such as progress updates, display boards, informational videos, and media releases.

We request your consent for the following statements. Consent is on a completely voluntary basis. You may withdraw consent at any time without any penalty to you or your child. If you withdraw consent, please state your request in writing and date your request. A copy of this form can be provided for your records.

Please initial where you consent. Please ask to update this form if you would like to change your consent on any of the items below. Thank you for your valuable participation.

Yes, I will allow photographs of my child/self to be used in display or printed materials published by the Brent Woodall Foundation, PREP or to be used for research purposes.

No, I will not allow photographs of my child/self to be used for any purposes.

Yes, I will allow videotapes of my child/self to be used in the above stated cases.

No, I will not allow videotapes of my child/self to be used.

Yes, I will allow videotapes of my child/self to be used for parent observation.

No, I will not allow videotapes of my child/self to be used.

Yes, I will allow my name or my child's name to be used in the above stated cases.

No, I will not allow my name or child's name to be used.

Yes, I will allow the staff to speak with me about my child in the lobby or other common area.

No, I only want staff to speak with me about my child in private.

Yes, I will allow personal information (e.g., name, phone, email, address, etc.) in a PREP directory.

No, I will not allow any contact or identifying information in a directory.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____