

APPLIED BEHAVIORAL CONCEPTS
New Jersey DOE Approved

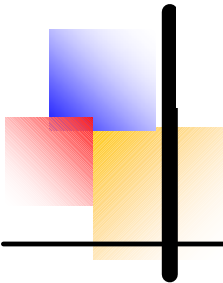
EYP-ROGRAM

2010



Our Locations

- Dayton, NJ
- Clark, NJ
- South Plainfield, NJ
- Neptune, NJ



Applied Behavioral Concepts
an affiliate of New Horizon In Autism

600 Essex Rd
Neptune, NJ 07753



Autism Awareness

To:



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For additional information or concerns please contact:
 Oberson Emmerich, Outreach Director
 (732)918-0850 x26 emmerich@nhautism.org
 (preferred method of contact)

**Dear Parents/Guardians
 Please note that the above schedule is subject to change without prior notice at the discretion of the program coordinators.

Sample 2010 Activity Schedule			
Group 1			
M Day @ the Beach "7 Presidents Park"	T Jenkinson's Aquarium	Franklin Institute	Th Amusement Park SIX FLAGS
F Swimming Keansburg Amusement			F Swimming Keansburg Amusement
Group 2			
M Popcorn Park Zoo	T AM - Horsebackriding PM - PaddleBoats/Canoes "Turkey Swamp Park"	W AM - Mini -Golf "Hole-In-One" PM-Bowling League	Th FUN TIME AMERICA
F Swimming Keansburg Amusement			F Swimming Keansburg Amusement
Group 3			
M Jenkinson's Aquarium	T Amusement Park SIX FLAGS	W Day @ the Beach "7 Presidents Park"	Pedal Boating
F Swimming Keansburg Amusement			F Swimming Keansburg Amusement
Group 4			
Franklin Institute	T FUN TIME AMERICA	W Popcorn Park Zoo	Th AM - Horsebackriding PM - PaddleBoats/Canoes "Turkey Swamp Park"
F Swimming Keansburg Amusement			F Swimming Keansburg Amusement

SITES AND SUPERVISORS

Applied Behavioral Concepts
 600 Essex Rd
 Neptune, NJ 07753
 Tel: (732)918-0850 Fax: (732)918-0091
 www.nhautism.org

Michele Goodman, Executive Director
 goodman@nhautism.org

Oberson Emmerich, Outreach Director
 emmerich@nhautism.org

Rafia Akhtar, Assistant Director
 akhtar@nhautism.org

- Dayton 285 Ridge Rd
 Dayton, NJ 08810
 Nicky Nguyen
 Site Coordinator
 Tel: (732)438-0215
 Fax: (732)438-0216
 e-mail: nguyen@nhautism.org

- Clark 77 Valley Rd
 Clark, NJ 07066
 Catherine Wisniewski
 Site Coordinator
 Tel: (732)340-0558
 Fax: (732)340-0797
 e-mail: wisniewski@nhautism.org

- South Plainfield 908 Oak Tree Rd, Suite A
 So. Plainfield, NJ 07080
 Joe Golden
 Site Coordinator
 Tel: (908)754-5479
 Fax: (908)754-7358
 e-mail: golden@nhautism.org

- Neptune 600 Essex Rd
 Neptune, NJ 07753
 Jackie Callahan
 Site Coordinator
 Tel: (732)918-0850 x10
 Fax: (732)918-0091
 e-mail: callahan@nhautism.org

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PLEASE
 PLACE
 STAMP
 HERE



Please complete this card and return it to ABC. Applications will be assed on a first come first served basis.
 Funding for this program may be available through your school district or DDD.
 You must, personally, contact those agencies for further information.



Dear Parents and Guardians,

ABC is now accepting applications for the 2010 Extended Year Program.

We are very excited about the upcoming 10th year Extended Year Program. The program will again be held out of four of our facilities, Dayton, South Plainfield, Clark and Neptune.

The rates are:

- One to One Level = \$830.00/Week
- Two/Three to one Level = \$500.00/Week
- (**Ratio is determinate by ABC personnel)

Locations will be open for the following dates.

March 15th through 19th
March 29th through April 2nd

April 5th through 9th

June 14th through 18th
June 21st through 25th
June 28th through July 2nd

August 2nd through 6th
August 9th through 13th
August 16th through 20th
August 23rd through 27th
August 30th through September 3rd

Eligibility: Diagnosis of autism or related disorder. Ages 5 through 21.

The hours of operation for all sites are: from 9 AM until 2:30 PM.

You must submit the application found at the end of this booklet, along with the application fee of \$50.00. No application will be processed without the application fee.

Applications will be reviewed on a first come first served basis. All fee determinations will be forwarded to the funding sources and all payments must be received, in full, 6 weeks prior to start date to guarantee participation in the EYP.

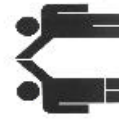
***Enrollment will be contingent upon completion of all required paperwork and release forms. Please be advised that, failure to complete any required release form will hinder your ability to participate in our program. **All forms must be received 4 weeks preceding start date.**



Applied Behavioral Concepts

Extended Year 2010

Weeks: March 15th and 29th ☆ April 5th ☆ June 14th, 21st and 28th ☆ August 2nd, 9th, 16th, 23rd and 30th



Sites: Clark * Dayton * South Plainfield * Neptune

Make your selection by circling the above week (s) and Site you desire your child to attend. We will only accept full week (s) participants.

We will accept registrations on a first come, first serve basis. **A \$50.00 non-refundable application fee is required to process all applications.**

Complete this information and return along with your application fee to:
600 Essex Rd, Neptune NJ 07753 * Attn.: Rafia Akhtar

Parent:	Child:						
Address:	Shirt Size:	Adult	S	M	L	XL	XXL
	Child	M					
Phone:	Date:						

For additional information regarding this program, please call:
Rafia Akhtar
At (732)918-0850 x11
akhtar@nhautism.org

**** All checks must be made out to: Applied Behavioral Concepts, Inc.**



2010 Sessions Schedule

Sessions:

The EYP will operate during the following weeks:

March 15th through 19th
March 29th through April 2nd

April 5th through 9th

June 14th through 18th
June 21st through 25th
June 28th through July 2nd

August 2nd through 6th
August 9th through 13th
August 16th through 20th
August 23rd through 27th
August 30th through September 3rd



The center will be opened Monday through Friday **9 am to 2:30 pm**. Participants must be dropped off prior to 10:00 am in order to participate in the day's activity. Unless your child is a CIP participant, your camper must be picked up no later than 2:30pm. There will be a late fee assessment in the amount of \$10.00 for every fifteen minutes of tardiness. Payment of this fee is due at the time of pick-up.

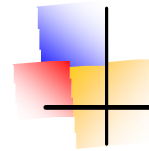
Home Transportation

Transportation will be provided by New Horizons in Autism, Inc. to and from program activities only.

There will be **no transportation** offered to individuals between home and the centers. Parents are responsible to arrange transportation to and from the program for morning drop off and afternoon pick ups.

Attendance

Fees are based on full week attendance. Partial week payments will not be accepted unless previously approved by program Director. In case of illness or injury please refer to the 'refunds' section on page 10.



Program Overview

Applied Behavioral Concepts, Inc has four different locations throughout NJ to choose from. Parents may choose a location that is most convenient, however each site has a limited number of spaces. Each location's programming is based on the same principles of ABA, and will offer similar activities.

ABC strongly believes that extensive community involvement strengthens our children's awareness, and creates increased positive interactions within the community. In essence, the children become advocates and educators in a non-intrusive manner. Experiencing various structured community avenues, elevates our children's social abilities within society and with their peers.

We have organized a multitude of community activities. On the occasion that the weather should not cooperate, we have planned in-center activities or activities at indoor community facilities.

Each child will be monitored within a ratio of 1:1 or 2/3:1. Our student to teacher ratio is determined prior to enrollment into one of our programs. We strictly adhere to this ratio to promote a meaningful, functional and safe learning and recreational environment.

The activities are paired with constant learning opportunities, and follow a similar path to the child's documented needs within his/her IEP. Our activity selection is designed in a effort to provide functional programming. Copies of all pertaining educational documents should be forwarded to us prior your child's intake meeting.



ACTIVITIES



Outdoor Opportunities

- Park
- Swimming
- Movies
- Kickball
- Amusement Parks
- Six Flags Great Adventure
- Beach
- Boardwalk
- Aquarium
- Hurricane Harbor Water Park

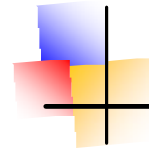
- Horseback Riding
- Pool
- Barbeques
- Picnics
- Nature Walks

In-Door Opportunities

- Video Games
- Air Hockey
- Indoor basketball
- Board Games
- Fine motor activities



- Gross motor activities
- Elliptical machine
- Stationary Bike
- Treadmill
- Imaginary Play
- Arts & Crafts
- Cooking
- Movies
- Computer



Registration

To register your child please fill out and return the 'registration card' ASAP. Spaces are limited and participants will be accepted on a first come first-serve basis. A \$50.00 enrollment fee is required for all applicants. Please review refund policy for all other funds.

Fees

1:1 ratio: \$830 per week

2/3:1 ratio: \$500 per week

****All checks must be made out to:
Applied Behavioral Concepts, Inc.**

Payment Deadlines

Full payment must be received, 6 weeks preceding start date to secure your child's attendance. We will unfortunately be required to give your child's slot to the next child on our waiting list if full balance is not received by the due dates. There will be no exceptions.



Funds Information

There may be funds available for your child through DDD or your child's school district. Parents should contact both DDD and School case managers in order to get further information and necessary paperwork.

New Horizons in Autism, Inc and ABC staff are unable to contact any funding source on behalf of any participant.

Refunds

There will be no refunds provided passed the payment deadline.

No exceptions.

Illness or injury: if lasting three (3) or more consecutive days accompanied by a doctor's note, credit towards another week, within the program year may be provided; space permitting.



Program Forms

Transportation Liability

We will provide transportation to and from program activities. Please sign form and return with other forms prior to the onset of the program.

Photograph Release

If you do not wish your child to be photographed during our program, please write so on the form and sign at the bottom of the form.

Crisis Management Techniques

All staff are formally trained in Crisis Intervention Techniques by certified instructors, and only use them following our company's strict policies on the matter. This form must be signed. This release is mandatory. If **not** signed, your child **will not** be admitted into the program.

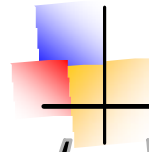
Case History

Take a moment to review these pages and fill out all categories. If one does not apply, simply write 'N/A' by that category. This information will help us better understand you child's strengths and limitations. In suit it will help us better tailor the support we will give him or her to ensure a successful and enjoyable time with us.

Child Pick-Up Policy

A list of **ALL** the names and numbers of each person allowed to pick up your child from our facilities must be completed. We will not, under any circumstances, release your child in someone's custody should their name not be on the list. We will be asking for proper identification at the time of pick-up.

**** Please remember to forward a copy of your child's current IEP.*



Lunches

Students are responsible to bring their own lunches to camp everyday. Since we will be out in the community, we will not be able to accommodate microwaveable lunches or lunches which require any type of preparation.

If you would like your child to purchase his/her own lunch, snacks or souvenirs you may provide spending money daily. Please inform the site coordinator in writing when you're sending in spending money and for what purpose the money is to be spent.

Cookouts: Weather permitting we will organize cookouts at an area park . We will provide food for lunches on this day. Dates will be provided in advance. (Please refer to "Special Diets" below)

Special Diets: If your child is currently on a special diet , please let your group leader and coordinator know so we can implement the diet correctly. All dietary requirements must be submitted with intake paper work.

EYP Wear

Dress your children in comfortable clothing. We do a lot of walking and physical activity, so most importantly, have them wear comfortable shoes. We ask everyone to send in a back pack everyday containing the following:

- A change of clothes
- Sun tan lotion
- A towel
- Swim wear and attire
- Lunch Bag

EYP Shirts: We will provide each student with a personalized EYP shirt. We require that campers wear this shirt everyday. Each shirt will have your child's name, emergency phone numbers. We consider this a crucial step for the safety of you child. Additional shirts may be purchased for \$10.00 each.



Special Needs

Wheelchairs: The buildings, some outings and/or vans are not wheelchair accessible. Students may bring one wheelchair on trips to assist with ambulation. However, children must be able to ambulate with assistance to get on and off vehicles and through areas which are inaccessible. There will be a limit to the amount of children accepted with wheelchair requirements.

Swimming equipment: PLEASE LET US KNOW IN WRITING IF YOUR CHILD CANNOT SWIM. Students are responsible to bring necessary equipment (floatation devices, goggles, ear plugs, nose clips, etc...) to EYP. Other items are not permitted. Please provide sunscreen (see 'EYP Wear' section).

Health Issues: Let us know in writing of any medical issues we need to be aware of while your child is attending EYP. This includes medications issues (see below), allergies, recent injuries still healing, physical limitations, etc... We want your child's experience to be a fulfilling one, as well as safe. No child will be accepted with any contagious diseases or health care needs other than a doctor prescribed oral medication.

Medications: Our staff are trained to administer medicine. Medications are stored in double locked containers. All medication will be administered following New Horizons and ABC medication policies. A copy of the child's prescription and all special arrangements, in writing, must be provided. All medication must be provided in their original containers.

Special Diets: (please refer to 'Lunch' section)



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Program Forms

All intake information must be filled out, signed and notarized, as it applies, and returned 60 days preceding start date. These forms will provide us with the necessary information needed in the case of an emergency. Please take the few moments needed to give us as much detail as possible for us to ensure your child's safety.

Emergency Cards

Please fill out all questions. Write 'N/A' when the question does not apply to your child. Also, sign the bottom of form. This form serves as background health information necessary to ensure your child's well being during regular activities and in case of an emergency. Be sure to provide us with reliable emergency contact numbers in case we need to reach you during program hours.

Emergency Release Form

These two forms (Emergency physical and dental) must be notarized. We will not admit a child with incomplete forms. These forms only give the hospital permission to perform emergency treatment if we are unable to contact you and medical personnel judge they must act immediately. It does not give New Horizons permission to make any other medical judgments about your child. These serve strictly to let the physicians act with their best judgment.

Prescription Medication & PRNs

Please fill all areas and sign this form. If one or neither applies to your child, write "N/A" and sign the form. Please list medication your child is taking, dosage and time(s) included even if none are administered during program hours. This information may help doctors in a case of an emergency situation.

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