



WESTONWOOD
RANCH

Westonwood Ranch Enrollment Packet

Dear Families, Current Participants, and Prospective Participants

In order to move forward with enrollment for the 2025-2026 program year the documents listed below must be completed and returned as soon as possible.

A annual registration/supply fee of \$250 must be paid by check and returned along with this application by TUES JUNE 2, 2026 in order to secure your child's registration for the 2026-2027 program year. The \$250 fee is refundable if the participant withdraws from program prior to August 15th, 2026.

Enrollment Checklist:

- ☒ Completion of Intake Paperwork & Tour
- ☒ Completion of Enrollment Application, Assessment & meeting with Clinical Director
- ☐ Emergency Contacts & Approved Pick List
- ☐ Consent/Release forms: Hold Harmless, Photo/Video, Animal Interaction, Program Development
- ☐ List of current medication & med self-administration paperwork if taking medication with us
- ☐ Enrollment/Payment Agreement signed and annual enrollment/supply fee \$250 paid in full
- ☐ Copies of most recent IEP & any relevant testing
- ☐ For incoming new participants-Copy of birth certificate
- ☐ For incoming new participants if under 22yo - FL Immunization Form (DH680) & FL School Entry Health Form (DH3040)
- ☐ If applicable: documentation related to custody agreements, legal guardianship, PoA
- ☐ If applicable: submit in-house scholarship application & FES-UA intent

Thank you for allowing us to be a small part of your story!

Janet Becker, M.S., BCBA
Clinical Director



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Emergency Contact

PARTICIPANT INFORMATION

Participant Name	
Address	
City, State, Zip	
Date of Birth	
Gender	

PRIMARY CONTACT

Parent/Guardian #1 Name	
Preferred Method of Contact	(cell, work or email?)
Work Number	
Cell Number	
Email Address	

SECONDARY CONTACT

Parent/ Guardian #2 Name	
Preferred Method of Contact	(cell, work or email?)
Work Number	
Cell Number	
Email Address	

ADDITIONAL CONTACT INFO

In the event we can not reach the parent/guardians, please list one additional emergency contact.

Contact #1 Name	
Relationship to Participant	
Email	
Cell	



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Hold Harmless Agreement

Participant's Name

Read this Assumption of Risk, Release of Claims, Indemnification, and Hold Harmless Agreement carefully and in its entirety.

This form must be signed by you as the Participant and by your parent or legal guardian.

In consideration of my participation in Westonwood Ranch Programs for which I have registered (the "Program"), I represent, covenant, and agree as follows:

I acknowledge that participating in the Program involves certain risks and that injuries, death, property damage, or other harm could occur to me or others. I accept and voluntarily incur any and all risks of any injuries, damages, or harm which arise during or resulting from my participation in the Activity.

I hereby waive all claims against Westonwood Ranch, its officers, directors, employees or volunteers (Released Parties) for any injuries, damages, losses, or claims, whether known or unknown, which arise during or result from my participation in the Program.

I agree to indemnify and hold harmless the Released Parties from all losses, liabilities, damages, costs, and/or expenses, including, but not limited to reasonable attorneys' fees and other litigations costs and expenses, incurred by any of the Released Parties as a result of any claims or suits that I, or anyone claiming by, under or through me, may bring against any of the Released Parties to recovery any losses, liabilities, damages, costs, and/or expenses which arise during or result from my participation in the Program.

I have carefully and thoroughly read and reviewed this Acknowledgment of Risk and Waiver of Liability. I understand it fully and voluntarily execute it.

Participant Signature

Date:

Parent/Legal
Guardian Signature

Date:



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Photograph and Video Release

Participant's Name

- ☐ I/We **DO** hereby authorize Westonwood Ranch Inc. to take photographs and videos of for programming use and visual aides , for promotion, publicity, & donor relations and for participant program review and staff training
- ☐ I/We do **NOT** authorize Westonwood Ranch to take photographs and videos of for programming use and visual aides , for promotion, publicity, & donor relations and for participant program review and staff training

Parent/guardian acknowledges that any recording of classroom activity is exclusively for the use of Westonwood Ranch as outlined above. At any time, the student can decline to be photographed or videotaped if he/she so chooses even if a photo and video release form permits photos and videos of the student.

Participant's
Signature

Date

Parent/Guardian
Signature

Date

Our facility is under 24-hour audio and video surveillance for the protection of our students, staff, animals, and physical facilities. Additionally, administration may use this footage for training, data collection, and supervision of staff and students. All footage and audio will be stored in a HIPAA/FERPA compliant manner and will not be released or shown to anyone without your authorization. By signing below, you are granting Westonwood Permission to record audio and video footage of your student via camera on the property. This is required for enrollment to Westonwood Ranch.

Participant's
Signature

Date

Parent/Guardian
Signature

Date



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Animal Interaction Consent Form

Participant's Name

As part of our holistic experience at Westonwood Ranch, we have various farm animals on site that your child may interact with for vocational and educational purposes. Our staff is dedicated to ensuring your child's safety at all times. However, there are some risks associated with working with animals. Even if your child is not directly interacting or participating with our animals, he or she may come into contact with the animals incidentally while transitioning around campus. The educational and vocational animal experiences provided by Westonwood ranch are designed to allow your student to have such experiences in a safe and supportive environment. We strive to provide the highest quality experiences with the utmost safety precautions.

By signing below, I **agree** to allow my child to interact with and participate in activities involving the animals of Westonwood Ranch. I release Westonwood Ranch Inc., its Board of Directors, and employees from all liability from damages and injury directly or indirectly resulting from interactions with Westonwood Ranch animals.

Participant Signature

Date:

**Parent/Legal
Guardian Signature**

Date:



Informed Consent and Protocol Development

Participant's Name

Instruction and activities at Westonwood Ranch are conducted in a manner consistent with the science of Applied Behavior Analysis (ABA). All of our programs are built utilizing empirically based research. In addition to skill acquisition programming, behavior intervention plans will be utilized daily to help address and reduce problem behaviors that may arise. These de-escalation procedures may include Professional Crisis Management (PCM), and our Registered Behavior Technicians are thoroughly trained in all of these procedures. Successful implementation of these methodologies is critical to our success in mediating any forms of self-injurious, aggressive, and other problem behaviors.

RBTs continually collect and monitor data on any maladaptive behaviors to ensure the student's success within the Westonwood programs. RBTs and the Clinic Director will meet on a regular basis to discuss any new developing problem behaviors or increases in behavior. The Clinical Director will assess the severity of the behaviors and determine the right course of action to take. It is the responsibility of the Clinical Director to then communicate with the parents/guardians within 48 hours about significant increases or changes in problem behaviors and any recommendations for more intensive behavioral treatment. If the Clinical Director deems Westonwood is no longer the most appropriate program, we will then help the student and their family find a program/facility that will best accommodate their needs. It is the mission and drive of Westonwood Ranch that all our students receive the best and most appropriate treatment, therefore upon further assessment, it may be determined that the program may not meet all of your child's needs.

I understand the protocol development procedure and authorize the staff of Westonwood Ranch to implement empirically validated and research based behavior reduction procedures if they engage in a behavior that is dangerous to themselves or others. For the safety of the staff and other individuals, I understand that the behavior reduction procedures may be utilized during the day on a trial basis without prior permission. However, I understand that I will be notified by the Clinical Director immediately following the use of any PCM physical procedures.

Participant Signature

Date:

**Parent/
Legal Guardian Signature**

Date:



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Medication Log

It is important for the Westonwood Team to know what medications your student takes in order to better serve your student and track any changes in progress or behavior that may be caused by changes in medications. Please list all medications your student takes, prescribed and over the counter medications.

Participant's Name

Medication	Dosage and Direction	Time (s) administered	Sending med in? YES or NO	Side Effects

☐ Does not require any medication.

☐ Will need to take medication during the school day. I hereby give permission for Westonwood Ranch to store medications for my child and my child self administer medications under the supervision of designated clinical staff.

**** As per our policy, medications should be in the original bottle in which it was dispensed by the pharmacy and a copy of the original prescription or physician's order**

Parent/Guardian
Signature

Date



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Approved Pick Up List

Please list all individuals that have permission to pick up your child from Westonwood Ranch. Our participant will only be released to individuals listed below while at our facility. To ensure the safety of all participants, any unfamiliar individuals will be required to show proof of identification for staff to verify with the Approved Pick-Up List.

Participant's Name

NAME	RELATIONSHIP TO PARTICIPANT	CELL NUMBER

The individuals listed above have permission to pick up the above named participant from Westonwood Ranch or a Westonwood Ranch approved transportation stop

**Participant's
Signature**

Date

**Parent/Guardian
Signature**

Date



Transportation Application

Westonwood Ranch is proud to be able to provide transportation as an add on service for our program participants. If you are interested in reserving a spot on our transportation van for your child, please fill out the form below, read the following document which reviews our transportation policies. The cost of utilizing transportation is \$125/month.

Participant's :
Name

Parent Name :

Did your child use our transportation service last year? (Please note we have a limited number of seats and preference is given to returning riders)

Yes ☐ No ☐

Please select your preferred van stop for pick up and drop off

- ☐ NICEVILLE: Dirt Parking lot of Crosspoint or Skippers
- ☐ BLUEWATER BAY/DESTIN: Bluewater Winn Dixie or Destin Pet Supply
- ☐ SANTA ROSA BEACH: Boys and Girls Club

Completion of this application does not guarantee a seat in our transportation fleet. Preference is given to returning riders. You will be notified if your application is approved for transportation services.

The times for pickup/drop off will vary based on how many riders are taking advantage of the transportation service. The WWR Admin team will communicate the scheduled pickup/drop off time to the parent/guardian at least 48 hours prior to the first day of utilizing the transportation service.

Please review the Transportation Policies and Procedures on page 2 and sign

For Office Use Only

Date Received

Date Parent/Guardian notified

Date Parent/Guardian notified of pick up/drop off times



Transportation Application Policies and Procedures

- The Westonwood Ranch Transportation Service is designed for those riders that can function semi-independently during transportation. Ability to stay seated for an extended period, keep hands to themselves and follow simple safety commands (i.e. stop, sit down, hands to self, close door) is necessary. If preferred, please provide the rider with an item (i.e. iPad, Phone, Book) to help entertain them during the route.
- If a rider begins to engage in high magnitude problem behavior with aggression towards another rider or the van driver during the route, the driver is instructed to pull over, ensure the safety of all riders, call WWR Administration, and then if applicable, call 911 for assistance. Our drivers are trained in de-escalation strategies but are not certified in Professional Crisis Management (PCM) and therefore will not engage in any physical interventions with the rider. Parents/Guardians will be immediately notified of any incident via telephone by the WWR Administration team.
- It is the parent/guardian's responsibility to notify the Clinical Director through email or REMIND app if the rider will not be riding/attending the day program that day. This notification should take place AT LEAST 12 hours prior to scheduled pick up time if possible so that the van driver can adjust route accordingly.
- Parent/Guardians should arrive at the pickup/drop off location 5-15 minutes prior to the scheduled pickup/drop off time. This will ensure that the rider is ready to load/unload in a timely manner and the transportation route is not delayed for other riders.
- It is vital that the parent/guardian is at the drop off/pick up site on time to retrieve their child. Being late causes delays in other participants getting to their desired locations.
- Riders are not allowed to be picked up/dropped off by anyone who is not on the WWR Approved Pick Up List that was included in the enrollment packet. If a parent/guardian would like to add/subtract anyone from this list, please contact the WWR Administration team.
- Riders are not allowed to be dropped off at any other pickup/drop off location on this list unless a written request for a change in drop off/pick up location has been submitted and approved by the WWR Administration team.
- In the event that the rider causes physical damage to the WWR Transportation Van, an assessment of the damage will be made, and the parent/guardian may be liable for payment of damages to Westonwood Ranch
- There are circumstances in which it is necessary for drivers to assist participants off the van in order for others to load/unload. However, it is the parent/guardian's responsibility to safely load and unload the rider from the WWR Transportation Van.
- WWR Administration team has the right to revoke transportation privileges to any rider if there is one of the following: continuous high magnitude problem behavior that deems them unsafe to continue to ride; monthly payment/late fees are not received; 3 or more no shows without any notice, and/or the parent/guardian has had 5 or more late pick up/drop offs.

By signing below, I am stating that I have read, initialed, and understand all the WWR transportation policies & procedures.

**Parent/Guardian
Signature**

Date



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Off Campus Trip/Transportation Waiver Form

Community outings are an essential component of programs at Westonwood Ranch. Off campus learning opportunities give our participants the chance to practice socialization, physical awareness, and promote generalization of skills in the "real world" In addition, we believe community exposure is important, providing a foundation for increased self-confidence and self-awareness. In consideration of the participant names below (the "participant") being permitted to anticipate in off campus field trips and learning opportunities)"off camps Learning"), the undersigned, parent(s) or legal guardian(s) of the Participant hereby agree(s) to the following terms and conditions set forth below.

Participation: Permission is granted for my child to attend off campus learning trips with the understanding that these off campus trips are not mandatory. I/we understand and acknowledge that certain risks are inherent in this type of excursion, and I/we assume liability and responsibility for any such risks associated with participation in the activity

Hold Harmless: I/we acknowledge that, as a condition of my child's participation in this activity, I/we hold harmless and waive any and all claims against Westonwood Ranch, its officers, employees, agents, participant or volunteers occurring during participation in this activity

Indemnification: As a condition of the participant's involvement in this off campus learning opportunity, I/we indemnify Westonwood Ranch for all claims resulting from the participation in the activity including but not limited to any injury, accident, illness, death or any loss of damage to personal property,

Participation: The Participant and the parent/guardian acknowledge that they have read the above and give consent to participate in off campus learning opportunities and are aware of the legal consequences of signing

Participant Signature:

Date:

Parent/Guardian Signature:

Date:



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Westonwood Ranch Financial Aid Application

The Westonwood Ranch In-House Financial Scholarship is a need-based scholarship that helps cover the costs to attend our program. Percentage of costs covered will be determined by financial need, parental involvement, and necessity of the service for the student. Families will be required to pay for a portion of the tuition/fees as determined by financial scholarship award and will be outlined in your payment agreement. Our in house financial aid is determined by the success of our fundraising efforts and funds allocated to this service. Award amounts will vary from year to year and are not guaranteed.

Participant's Name

Parent Name

Parent Email

Participant's DOB

Grade (if applicable)

*Choose the program for which you are requesting financial assistance

Day Program ☐ LIFTOFF Program 3 Day ☐ LIFTOFF Program 5 Day ☐ Camp ☐ Equine ☐

Is any family member residing in the home active duty military or has served in the military ☐ yes ☐ no

Does your participant receive FES- UA Funding? ☐ yes ☐ no

List **AWARD ID #** for the 26-27 year found in your EMA portal

List **AWARD AMOUNT** for the 26-27 year found in your EMA portal

:

Financial Information

Does the participant receive SSI or SSDI? ☐ yes ☐ no

If yes, please list annual amount?

Parent #1 Annual Net Earned Income

Parent #2 Annual Net Earned Income

For Earned Income, please list your Net Annual Income after taxes are withheld, not your gross. Attach a copy of a month's worth of pay stubs, annual W-2, & other supporting information. Applications that do not include these additional attachments will not be accepted.



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Westonwood Ranch Financial Aid Application

Participant resides with

1 parent / ☐
guardian

2 parents/ ☐
guardian

Other

How many individuals reside in the home and rely on the
income listed above?

Special Circumstances – Please describe special circumstances we should consider when reviewing your participant's application. This information is vital in providing us with insight into how your financial situation/hardship truly effects your life. This information will be taken into consideration when reviewing the application for approval. If you need more space, you can attach a letter to the back of this application.

When applying for the In-House Financial Scholarship Application, applicants acknowledge the following: (Initial beside each statement)

To obtain and hold the financial scholarship, parents/guardians agree to ensure their participant arrives on time for the program, makes a reasonable effort to attend all parent trainings/meetings throughout the year (only applicable to day program/LIFTOFF applications), and play an integral in your students' success in the WWR programming.

Participant must remain in good standing with attendance record for the program. Failure to meet the minimum attendance requirements for program will result in truancy and disqualification and/or revocation of the financial aid scholarship.

This scholarship is designed to be a financial starting point for families. We encourage families to investigate acquiring other funding sources for our programs.

Families agree to sign a Payment Agreement and pay a pre-determined portion of their services in the form of a monthly co-pay or in full upon approval of the scholarship.

Failure to pay your monthly co-pay or remaining balance after the financial scholarship has been applied will result in potential ineligibility to reapply the following year for the scholarship or unenrollment from programming at Westonwood Ranch.

Failure to submit financial documents (W-2, tax information, one month's worth of pay stubs for each income, ect.) along with the application is considered an incomplete application and will not be processed.

By signing below, I acknowledge that all the information provided in this financial application is true and correct to the best of my knowledge. I also acknowledge to adhere to the above statements to the best of my ability. If approved, I will be provided with a payment agreement that outlines the financial responsibility assumed by the parent/ guardian.

Parent/Guardian Signature:
