

### 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 JUNE 27th in order to secure your child's registration for the 2025-2026 program year.

The \$250 fee is refundable if the participant withdraws from program prior to August 15th, 2025.

#### **Enrollment Checklist:**

$\square$	Completion of Intake Paperwork & Tour
$\square$	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



### **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				
SECONDAR	Y CONTACT			
Parent/ Guardian #2 Name				
Preferred Method of Contact	(cell, work or email?)			
Work Number				
Cell Number				
Email Address				
ADDITIONAL CO	ONTACT 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				



### 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, regardless of whether it was caused in whole or in part by the negligence of Westonwood Ranch, its officers, trustees, agents, representatives, volunteers, students, and employees by and through Westonwood Ranch Inc. ("Released Parties").

I hereby waive all claims against any of the Released Parties for any injuries, damages, losses, or claims, whether known or unknown, which arise during or result from my participation in the Program, regardless of whether caused on while or in part by the negligence or other fault of any of the Released Parties. I release and forever discharge the Released Parties from all such claims.

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, regardless of whether caused in whole or in part by the negligence or other fault of any of the Released Parties.

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:	



### Photograph and Video Release

Participant's Name			
for programming u	uthorize Westonwood Ranch Inc. to take puse and visual aides , for promotion, publim review and staff training		
programming use	orize Westonwood Ranch to take photogra and visual aides , for promotion, publicity, m review and staff training	-	
the use of Westonv be photographed o	cknowledges that any recording of classro wood Ranch as outlined above. At any time or videotaped if he/she so chooses even if os and videos of the student.	e, the stu	udent can decline to
Participant's Signature		Date	
Parent/Guardian Signature		Date	
staff, animals, and p training, data collec stored in a HIPAA/FE your authorization. B	24-hour audio and video surveillance for the hysical facilities. Additionally, administration, and supervision of staff and students. RPA compliant manner and will not be relesty signing below, you are granting Westons of your student via camera on the property.	on may . All foot ased or wood Pe	use this footage for age and audio will be shown to anyone withou ermission to record audio
Parent/Guardian Signature		Date	



### 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 except when found to be negligent in ensuring student safety.

Participant Signature	Date:	
Parent/Legal Guardian Signature	Date:	



## Informed Consent and Protocol Development

Participant's Name	
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Instruction and activities at Westonwood Ranch are conducted in a manor 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 deescalaton procedures may include Professional Crisis Management (PCM), and our Registered Behavior Technicians are thoroughly trained in of all these procedures. Successful implementation of these methodologies is critical to our success in mediating any forms of self-injurious, aggressive, and other problem behaviors.

RBT's continually collect and monitor data on any maladaptive behaviors to ensure the student's success within the Westonwood programs. RBT's 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:	



### **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.

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 requi	re 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			



### **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					
NAM	ЛE	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 :						
-	our transportation service last year? (Please note we have a limited number of nce is given to returning riders)  Yes No					
Please select yo	ur preferred van stop for pick up and drop off					
NICEV	ILLE: Dirt Parking lot of Crosspoint or Skippers					
BLUEW	ATER BAY/DESTIN: Bluewater Winn Dixie or Destin Pet Supply					
SANTA	ROSA BEACH: Boys and Girls Club					
-	his application does not guarantee a seat in our transportation fleet. ven to returning riders. You will be notified if your application is approved for ervices.					
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		



# 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-consifence 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.

<u>Participation</u>: 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

<u>Hold Harmless</u>: 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 including but not limited to claims arising out of any ordinary negligence of any officer, employee, agent participant or volunteer of the organization, or any loss or damage to personal property 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,

<u>Participation</u>: 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:	



### 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 assistance  Day Program	which you are requesting LIFTOFF Program 3 Day	ng financial LIFTOFF Program 5 Day	] Camp [	Equine [
Does your partici List <b>AWARD ID #</b> for th 25-26 year found in y EMA portal		UA Funding?	NT for the	
Financial Inform	<u>ation</u>	If yes, please list		
Does the participant receive SSI or SSDI?	yes no	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.



## Westonwood Ranch Financial Aid Application

1 parent / guardian	<u> </u>	parents/ uardian		Other			
How many indi	viduals resid		ne and rely (	on the			
participant's apsituation/hards	pplication. The	is informat cts your life	ion is vital ir e. This inforn	n providi: nation w	ng us with insi ill be taken int	d consider when in the second of the second	financial hen reviewing the
When applyin the following:	•			olarship	Application	, applicants ack	nowledge
	arrives on time	e for the prog e year (only o	gram, makes of applicable to	a reasona day progr	ble effort to atte	agree to ensure their end all parent trainir olications), and play	ngs/meetings
		ndance requ	uirements for	program v		d for the program. Fo Incy and disqualifice	
	This scholarsh investigate ac					milies. We encourag	e families to
	•	•	. •		pay a pre-dete of the scholarsh	rmined portion of th	eir services in the
		sult in potent	tial ineligibility	y to reapp	ly the following	e financial scholars year for the scholars	•
						month's worth of pa lete application and	
correct to t statements	he best of my	knowledge f my ability.	. I also ackno . If approved	owledge t , I will be	o adhere to the provided with	financial applicati e above a payment agreem	
Parent/Gua	ırdian Signatı	ıre:					