



Parent Information Checklist

Please use this form as a reference to navigate your parent packet, which includes all the pertinent policies and procedures at New Beginnings for Tomorrow (NB4T). Forms that need to be signed and returned are on the ***Right Side*** of the folder, and on the ***Left Side*** of the folder is information for you to keep at home.

Client: _____

(KEEP)

- ☐ Welcome/Behavior Management
- ☐ 2017-2018 School Calendar
- ☐ Seizure Disorder & Health Guidelines
- ☐ Technology Information
- ☐ Transportation Procedures

(SIGN AND RETURN)

- ☐ Client Information Sheet
- ☐ Program Information
- ☐ Technology Signature Sheet
- ☐ Community Based Experiences/ Photo Signature Sheet
- ☐ Animal Assisted Activities
- ☐ NJ Medical Form for Adults
- ☐ Emergency Care Plan – Seizure Disorder



Welcome to New Beginnings For Tomorrow!

Dear Client & Guardian,

Enclosed is a set of official papers that will introduce you to the New Beginnings For Tomorrow (NB4T) Day Habilitation Program. Included in this folder are several forms that must be filled out so that we may appropriately service you during the program day. Please complete each form entirely and accurately, and return to New Beginnings For Tomorrow within one week.

Please use the accompanying **Client Checklist** as a guide to which forms must be returned, and which forms are for your records.

If you have any questions about this packet, please contact me at **973-521-5757**.

I look forward to seeing you at New Beginnings For Tomorrow.

Sincerely,

Kerry Bradford

Kerry Bradford, Program Coordinator

Behavior Intervention Procedures

Program year 2017-2018

Each year, New Beginnings For Tomorrow notifies all clients / parents / guardians about the behavior intervention procedures used in our program. These procedures may include, the use of token economy systems, therapeutic cool down breaks, and positive behavioral supports.

The staff at New Beginnings For Tomorrow is trained in behavioral intervention strategies and Handle with Care. At times, the staff may need to employ therapeutic holds and assisted transport for clients in crisis. It is our policy to notify all parents/guardians if their dependent requires any of these techniques.

If you are unfamiliar with any of our behavioral intervention procedures, please call the program coordinator for further explanation.



Behavior Supports

The New Beginnings for Tomorrow mission is to provide learning opportunities that enable each client to develop to the fullest extent of his or her ability. We believe that we can accomplish this goal in a structured, positive and caring atmosphere characterized by warmth and happiness. Each client therefore is offered the special care, attention, and support that he or she individually requires during the school day.

The New Beginnings for Tomorrow stresses that the faculty and staff employ behavior management techniques to systematically improve socially significant behavior in order to improve each client's quality of life to a meaningful degree. Through individualized teaching strategies inappropriate behaviors are specifically replaced with socially acceptable behaviors that serve the same function. Clients are therefore not punished for emitting inappropriate behaviors, but are taught replacement behaviors instead.

Behavior modification principles are consistently implemented throughout the day, emphasizing positive behavioral supports to reinforce desirable behavior whenever possible. Listed below is an overview of the techniques that New Beginnings for Tomorrow utilizes with our students.

Applied Behavioral Analysis

Behavior Analysis offers empirically proven strategies for evaluating the functional and communicative meaning of behavior. The data collected in regard to student performance or behavior reduction provides continuous, useful, objective assessments of progress. With this data, team members are able to determine effectiveness of current teaching techniques as well as determine future goals related to individual clients.

Reinforcement of Appropriate Behavior

During the school day, appropriate behavior is rewarded through the use of verbal praise and social attention such as smiles and high fives. For many clients the use of tangible and/or edible rewards has been deemed necessary in order to increase the frequency of appropriate behavior within a client's repertoire. Reinforcement inventories are filled out by parents at the beginning of each school year and updated at least one other time during a school year. Such information helps staff to determine and keep updated on what motivates each child. Reinforcement schedules related to degree and rate of delivery are also individualized to meet each child's specific needs.

Special Applications of Behavior Change

In any given **classroom** one may observe the use of special applications such as token economy systems, contingency contracts and even self management procedures. Each of these behavior management tools are implemented on an individual basis and are based on specifically defined behaviors targeted for reduction. Through the use of special applications clients learn to gain access to rewards by emitting the incompatible behavior or an alternative behavior from the one targeted for reduction. We at New Beginnings for Tomorrow believe that through the use of special applications clients learn to replace inappropriate behaviors with socially acceptable behaviors.

Individualized Behavior Plans

Behavior management plans are utilized with clients on an individual basis. If a plan is deemed necessary, components within a plan are driven by the finding within a formal functional assessment via data collection and analysis. All plans include a definition of the behavior targeted for reduction, data analysis including baseline and treatment data analysis, a functional assessment of the behavior based on the data collected within baseline and treatment phases of a plan. Plans also include a teaching component designed to help the clients make contact with reinforcement for emitting alternative behaviors that serve the same function as the one targeted for reduction. Also included in each plan is a proposed treatment that describes the most effective way to react to a student following an occurrence of inappropriate behavior, as well as, how to best de-escalate the client to prevent additional occurrences. Along with teaching strategies and treatments behavior management plans also include the necessary data collection procedures, rationale for treatment and any potential risk that may occur as the result of treatment. **Behavior management plans are shared with the sending district's child study team members and are considered a component of the student's (IEP), Individual Education Plan.**

Crisis Prevention Intervention and Handle With Care

The staff at New Beginnings for Tomorrow are also trained in Crisis Prevention Intervention and Handle with Care Techniques. At times, staff may need to employ therapeutic holds and assisted transport for clients in crisis. It is our policy to notify all parents if their child requires any of these therapeutic holds. Parents are also made aware of the potential need for such techniques as they may be a part of a students' individual behavior management plan.

New Beginnings For Tomorrow 2017-2018 Program Calendar



JULY						
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AUGUST						
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July 2017

10 : First Day of Summer Program

August 2017

18: Last Day of Summer Program

September 2017

4 : Labor Day - Closed

5 : Staff Development

6 : First Day for Clients

21: Rosh Hashanah - Closed

October 2017

November 2017

22: Half Day Staff Closed for Clients

23 & 24: Thanksgiving Recess - Closed

December 2017

22: Early Dismissal

25 - 29: Holiday Recess - Closed

January 2018

1: New Year's - Closed

2: Classes Resume

15: Martin Luther King Day - Closed

February 2018

19: - Closed

March 2018

30: Good Friday - Closed

April 2018

2 - 6: Spring Recess - Closed

May 2018

25 & 28 : Memorial Day - Closed

June 2018

29: Last Day for Clients and Staff

July 2018

9: First Day of Summer Program

August 2018

17: Last Day of Summer Program

JANUARY						
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- Program Closed

- Early Dismissal - 1:30 p.m.

Program Hours 9: a.m. - 3:00 p.m.
Delayed Opening - 10:30 a.m.

ALL DATES ARE SUBJECT TO CHANGE CAUSED BY WEATHER OR OTHER EMERGENCY CLOSINGS



TECHNOLOGY INFORMATION

ACCEPTABLE USE OF THE COMPUTER AND INTERNET

We are pleased to offer clients access to our local area network (LAN) for file sharing and the Internet. To gain access to the LAN and the Internet, all clients must have parental / guardian permission. A permission form appears on the last page of this notice. If a parent prefers that his/her dependent not have LAN and Internet access, use of the computers will still be possible for more traditional purposes such as word processing.

What is possible?

Access to the program Local Area Network and the Internet will enable clients to explore thousands of libraries, databases, museums, and other repositories of information and to exchange personal communication with other Internet users around the world. Families should be aware that some material accessible via the Internet may contain items that are illegal, defamatory, inaccurate, or potentially offensive. While the purpose of the program is to use Internet resources for constructive educational goals, clients may find ways to access other materials. We believe that the benefits to clients from access to the Internet in the form of information resources and opportunities for collaboration exceed the disadvantages. But ultimately, parents and guardians of clients are responsible for setting and conveying the standards that their dependents should follow when using media and information sources. Therefore, we support and respect each family's right to decide whether or not to apply for access.

What is expected?

Clients are responsible for appropriate behavior on the program's computer network just as they are in a workspace or on a program trip. Communications on the network are often public in nature. General program rules for behavior and communications apply. It is expected that users will comply with our standards and the specific rules listed below. The use of the network is a privilege, not a right, and may be revoked if abused. The user is personally responsible for his/her actions in accessing and utilizing the program's computer resources. The clients are advised never to access, keep, or send anything that they would not want their parents or teachers to see.

What are the rules?

Privacy -- Network storage areas may be treated like program lockers. Network administrators may review communications to maintain system integrity will insure that clients are using the system responsibly.

Storage capacity -- Users are expected to remain within allocated disk space and delete files or other material which take up excessive storage space.

Illegal copying -- Clients may not download or install any commercial software, shareware, or freeware onto network drives or disks. Client may not copy other people's work or intrude into other people's files.

Inappropriate materials or language -- No profane, abusive or impolite language should be used to communicate nor should materials be accessed which are not in line with the rules of program behavior. A good rule to follow is never view, send, or access materials which you would not want your parents or others to see. Should clients encounter such material by accident, they should report it to their counselor immediately.

These are guidelines to follow to prevent the loss of network privileges.

1. Do not use a computer to harm other people or their work.
2. Do not damage the computer or the network in any way.
3. Do not interfere with the operation of the network by installing illegal software, shareware, or freeware.
4. Do not violate copyright laws.
5. Do not view, send, or display offensive messages or pictures.
6. Do not share your password with another person.
7. Do not waste limited resources such as disk space or printing capacity.
8. Do not trespass in another's folders, work, or files.
9. Notify an adult immediately, if by accident, you encounter materials which violate the rules of appropriate use.
10. Be prepared to be held accountable for your actions and for the loss of privileges if the rules of appropriate use are violated.



NEW BEGINNINGS FOR TOMORROW **IPAD ACCEPTABLE USE POLICY**

INTRODUCTION:

The New Beginnings For Tomorrow, NB4T day habilitation program recognizes that access to technology gives clients great opportunities to learn, engage, communicate, and develop skills that will prepare them for work, life, and citizenship. We are committed to helping clients develop 21st Century technology and communication skills. To that end, we provide access to technologies for client and staff use.

This Acceptable Use Policy outlines the guidelines and behaviors that clients are expected to follow when using technologies in program or when using their tablet computer (iPad).

- The NB4T Programs wireless network is intended for educational purposes.
- All Activity over the network or using program technologies will be monitored and retained. Access to online content via the network is restricted in accordance with our policies and federal regulations, such as the Children's Internet Protection Act (CIPA).
- Misuse of program resources can result in disciplinary action. The NB4T program makes a reasonable effort to ensure clients' safety and security online, but will not be held accountable for any harm or damages that result from use of program safety or security.
- Users of the NB4T Network or other technologies are expected to alert program faculty or administration immediately of any concerns for safety or security.

iPads are intended for use at program each day. Downloading *Music* and/or *Gaming* that is Not for Educational Purposes is not permitted.

WEB ACCESS:

The NB4T program provides clients with access to the Internet, including web sites, resources, content, and online tools. That access will be restricted in compliance with CIPA.

LIMITATION OF LIABILITY:

The NB4T programs will not be responsible for damage, harm or theft to client iPads.

While the NB4T program employs filtering and other safety and security mechanisms, and attempts to ensure their proper function, it makes no guarantees as to their effectiveness.

The NB4T programs will not be responsible, financially or otherwise, for unauthorized transactions conducted over the program network.

VIOLATIONS OF THE ACCEPTABLE USE POLICY:

Violations of this acceptable Use Policy may have disciplinary repercussions, including but not limited to:

- Suspension of network, technology, or computer privileges.
- Loss of iPad use for a determined period of time (client still responsible for all required work).
- Notification to guardians.
- Detention or suspension from program and program-related activities.
- Legal action and/or prosecution.



New Beginnings for Tomorrow Transportation Policies and Procedures

Vehicles:

All New Beginnings for Tomorrow (NB4T) vehicles are in compliance with all applicable safety and licensing regulations of the State of New Jersey Motor Vehicle Commission regulations. All vehicles will be maintained in safe operating condition and contain seating that does not exceed maximum capacity as determined by the number of available seatbelts and wheelchair securing devices. All vehicles will be wheelchair accessible by design and contain the following: 10:BC dry chemical fire extinguisher, First Aid kit, 3 portable reflector warning devices and all weather tires.

Pick up/drop off process:

All clients within the catchment area will be transported to and from NB4T. Pick up times will be arranged based on the number of stops on the route and parents or guardians of the clients will be notified of those times in advance. All clients are expected to be ready to be transported at the arranged time. Drivers transporting the clients will be advised to wait up to 3 minutes, provide multiple honks of the horn and attempt via phone call to make contact with a pick up before abandoning and moving on to the next location. Any clients that are outside of the designated catchment area, (10 mile radius of NB4T), are still eligible to receive transportation but an additional charge based on the fee-for-service rate will be charged. Our transportation rate will be .74 cents per mile outside of the 10 mile radius of the program. The caregiver/guardian can also choose to arrange alternate transportation (family vehicle, Access Link, etc.).

Supervision:

All transportation personnel will provide supervision of clients to and from NB4T. Should emergencies arise on the route to or from the program that may impact safe transportation, drivers will immediately pull over the vehicle, assess the danger and in some cases call for assistance (local police department).

Emergency/accident procedures:

All drivers for New Beginnings for Tomorrow will follow all New Jersey laws regarding accident reporting. Phone calls by the drivers will be placed to both the location of NB4T and to the parents or guardians of the clients should an accident take place on the route.



Transportation Sign-off Form

Name of Individual: _____

Please check the applicable box, read, sign and return this form to your adult day service program as soon as possible.

Drop off Guidelines – for the above named individual:

- ☐ Can be dropped off from the vehicle and go into the home even if no one is there to receive him/her.
- ☐ Does not require an escort to and from the vehicle but **cannot** be dropped off at home unless there is a visual contact between a home representative and the transportation staff.
- ☐ Needs to be escorted to and from the vehicle by the home representative.

Transportation Standards

- If boxes two or three above are checked and no one is home when the vehicle arrives, the vehicle will continue on its usual route and bring the individual back to the day service site or an authorized location. The home representative is then responsible to transport the individual back home on this day.
- Day service participants are responsible for being ready to board the vehicle when it arrives at their home in the morning. The waiting period for picking up an individual is five (5) minutes. If there is no response from within the home during that time, the vehicle shall continue on its route and will not return that day. It is then the responsibility of the home representative to transport the individual to the program site.
- If there are repeated problems with pick up or drop off of the individual, transportation may be suspended until a corrective plan of action is implemented.
- Transportation is provided on a curb to curb basis. Transportation staff are not responsible for escorting individuals to and from the home. The day services and /or transportation provider's responsibility for the individual ceases when they step off the vehicle.

I have read, understand and agree to follow the transportation standards.

Signature of individual or guardian where applicable

Date

Signature of home representative (if different than above)

Date



CLIENT INFORMATION SHEET

Client Name: _____ Birth Date: _____

Address _____ City: _____ Zip: _____

Social Security Number ____ - ____ - ____

Home Phone (include area code): (____) _____ Alternate Phone: (____) _____

Parent/Guardian Name _____ Work Phone: (____) _____

Parent/Guardian Cell Phone Number: (____) _____ Alternate Phone: (____) _____

Honeywell Instant Alert Needed Information

Phone – Land Line _____

Phone – Cell _____

Alternate Phone _____

Cell Phone Provider _____

Email Address (1) _____

Email Address (2) _____

Indicate below how you would like us to contact you:

____ Telephone Land Line - Voice Mail

____ Cell Phone – Text Message

____ Alternate Phone - Voice Mail

____ Cell Phone – Voice Mail

____ Email to Primary

____ Email to Secondary

EMERGENCY CONTACTS Please list two other people we can contact in an emergency:

1. Name: _____ Relationship to Client: _____

Address: _____ Phone Number: (____) _____

Email Address: _____

2. Name: _____ Relationship to Student: _____

Address: _____ Phone Number: (____) _____

Email Address: _____

MEDICAL CONSENT

In case of accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to make any and all arrangements that may be necessary. In the event that my child must be transported to the hospital, I understand that his/her transportation home will become my responsibility if he/she is not returned to school before the regular school dismissal time. Any costs resulting from medical transportation and medical treatment for my child will be my responsibility. I understand that school student insurance is secondary to any family primary coverage.

Parent / Guardian Signature: _____ Date: _____



LIABILITY

I understand that I am responsible for compensating the school for property damage or breakage caused by my child during school. I am also aware that medical and other expenses incurred by my child as a result of accident and injury are my responsibility.

Parent / Guardian Signature: _____ Date: _____

NB4T PROGRAM INFORMATION SHEET

Client Name: _____

DOB: _____

Program Coordinator: _____

Support Coordinator: _____ Telephone: (____)_____

Guardian: _____ Telephone: (____)_____

Adult Day Services Philosophy and General Information

Adult Day Services are intended to be person centered. They are, therefore, responsive to the needs of the individual served. A variety of activities are offered, based on the person's preferences and needs. These services will be specified in the individual's initial and annual Service Plan.

Each person who participates in this program will be treated as an adult, with respect and dignity.

Participants should wear comfortable clothes to the program. Dress varies according to the type and nature of program activities, but should always be suitable for the weather. All individuals are expected to be clean and well groomed every day.

Meal Services

Breakfast and Lunch will be prepared by the clients each day to provide the clients with real life skills experiences. A menu will be sent home with the client each week. The clients will develop the menus; shop for menu items and prepare the meals. If the client has specific food preferences please send in their individual items. Please notify the Program Coordinator of any dietary restrictions or food allergies.

Illness/ Necessary Absence

In the case of illness, or other necessary absence, the individual's place at the day service will be held for them within a reasonable amount of time as discussed with your Program Coordinator. The family should notify the program as soon as possible before such absences and prior to the individual's return to the program.

If the individual is absent because of illness for more than five days, a written doctor's clearance stating that the individual is able to return to the program is required. The doctor's note shall accompany the individual upon his/her return.

If there are significant indications that the individual is ill when the vehicle arrives at the home in the morning, the driver or aide may make the determination not to accept that individual that day. If an individual becomes ill at the program, the home will be contacted and will be expected to pick up the individual.

Medical / Medication

An annual adult medical is required of all program participants. The medical form will be sent to the home prior to the clients start date, and must be completed by the physician. Since prescriptions must be updated annually, it is recommended that they be reviewed when the medical is done.

If the program participant is taking medication that would need to be administered during hours that he/she is at the program, the following must be complied with:

1. A copy of the original prescription must be given to the Program Coordinator for the records. The original medication container must be labeled in a manner that agrees with the prescription and complies with #2 below
2. All prescriptions must have a date, individual's full name, prescribing physician's name, prescription number, name, and dosage and frequency of medication, date of issue, and phone number of pharmacy and numbers of refills.
3. The prescription and medication must accompany the individual upon admission. The original label from the pharmacy shall be permanently affixed to the medication container. They will be kept at the program and administered by the staff members trained in medication administration.
4. Any PRN (as needed) prescription medication must have a written physician's authorization.
5. An Over the Counter (OTC) form must be signed by the physician to authorize any PRN/OTC medication.

The Program Coordinator should request prescription refills from the home a week in advance of need and the refills shall be returned promptly to the day service.

Community Based Experiences

The clients on a daily basis participate in Community Based Experiences (CBE). For some of these CBE experiences, there will be a cost associated with the activity. You will be notified by the Program Coordinator what the cost of the CBE will be with ample time. A CBE schedule will be provided on a weekly basis.

Transportation Services

Transportation to and from NB4T will be provided on a daily basis. Clients will be given a morning pick up time. The driver will allow the client a 5-minute grace period prior to leaving the clients home. When there is more than one client in a town, a designated bus stop will be arranged in that town and the clients will be picked up at the bus stop location.

Parents may also contact Access Link at 1-800-955-2321 to inquire about the transportation services they provide. Access Link is not affiliated with NB4T and has independent criteria for clients in order for them to provide transportation.

Program Visits

NB4T welcomes visitors when arranged in advance and with an appointment. Please call the Program Coordinator to arrange a time to meet and or visit.

Evaluations

Each client receives an initial individual and annual Service Plan from his or her Support Coordinator. At NB4T all clients are observed and evaluated daily based on their day habilitation and prevocational goals when appropriate. Client programs will be reviewed and evaluated at the end of each program year.

Tenure

All clients are accepted on a 6-week probationary period. During that 6-week period, the Program Coordinator will assess the client's ability to be successful in the NB4T program. The parent and Support Coordinator will be contacted if a program change is necessary.

Program Calendar

Adult Day Services are 12-month programs, operating 5 days per week. Hours of operation for this program are 9:00 to 3:00.

You will receive a calendar of scheduled closings, which will include holidays and staff training days.

The home will be given as much notice as possible in the event of unexpected or emergency closings. Our program will participate in the Honeywell system, calling your home or cell with emergency notifications.

Should there be any questions regarding any of the information presented, please do not hesitate to call upon the Program Coordinator or Support Coordinator.

Print Client Name: _____

I certify that I have received a copy of the Program Information Sheet for the New Beginnings for Tomorrow Adult Day Service on this date, and that the information on the sheet has been explained to me.

Client Signature: _____

Parent / Guardian Signature: _____

Date: _____



TECHNOLOGY AGREEMENT

PARENT/ GUARDIAN / CLIENT **PERMISSION FORM and USER AGREEMENT**

I have read the information about the appropriate use of computers at the program and I understand that this agreement will be kept on file at the program.

Check One of the Following:

_____ My dependent **may use** the Local Area Network and the Internet while at program according to the rules listed above.

_____ My dependent **may not use** the Local Area Network and the Internet while at program.

Client's Name (please print) _____

Parent/Guardian Signature _____

Date _____

CLIENT COMPUTER and INTERNET AGREEMENT

As a user of the program computer network, I agree to comply with the above stated rules and to use the network in a constructive manner.

Client's Name (please print) _____

Client's Signature: _____

Parent/Guardian Signature _____

Date: _____



PERMISSION FOR USE OF PHOTOS and OTHER IMAGES

During the course of the school year clients may be photographed and/or videotaped. These images may be used in school publications, and distributed to families, members of the community and/or the media. They may be included on the NB4T website to illustrate school programs or events, and/or on a video to be shown to parents or used for admission purposes. In addition, the School may wish to publish examples of the clients work or projects.

_____ ***YES I agree to all of the above.***

_____ ***NO, I do not agree to all of the above.***

Parent/Guardian Signature: _____

Childs Name: _____

COMMUNITY BASED EXPERIENCES PERMISSION FORM

I hereby give permission for my dependent to take part in any and all activities that may take place during normal program hours, at any time during the entire year, under the supervision of program staff.

I specifically agree and understand that I am extending permission to the following:

1. Any and all trips, excursions and outings intended to take place during normal program hours;
2. Travel by transportation that may include program/personal vehicle, chartered buses or public transportation, or walking by my dependent;
3. The trips or activities may include educational, social or recreational activities, or involve other events or locations of interest; and
4. When needed in an emergency situation, for members of the program staff to obtain appropriate and indicated medical services and car for my dependent; and
5. There may be additional costs for certain field trips during the program hours.

I understand that this permission slip is intended to authorize my dependent's participation in any and all activities during the program day.

Client's Name (please print): _____

Parent/Guardian Signature: _____ **Date:** _____

ANIMAL ASSISTED ACTIVITIES PERMISSION SLIP

2016-2017

New Beginnings for Tomorrow (NB4T) will be participating in Animal Assisted Activities. Trained dogs and volunteers will be coming to the day program to work with our clients. If given permission to partake in these sessions, your dependent will be in contact with the dog. (e.g. petting, brushing, playing fetch, etc.).

Please indicate how you would like us to proceed regarding your dependent's participation in Animal Assisted Activities.

Client: _____

_____ YES, I give permission for my dependent to participate in Animal Assisted Activities.

_____ NO, I do not give permission for my dependent to participate in Animal Assisted Activities.

Client Signature

Date

Parent/Guardian Signature

Date





*NEW BEGINNINGS FOR TOMORROW
BEHAVIOR SUPPORT*

I acknowledge that I have read and understand the New Beginnings for Tomorrow Behavior Support techniques.

Parent/Guardian Signature: _____

Client Name: _____

Date: _____