

2016

ENROLLMENT PACKET



2121 Northwest Highway STE 119

Garland, TX 75040

469-786-0315

469-786-0174 FAX

www.emmacenter.com



Thank you for your interest in enrollment with Emma's Education Center. We are a 501 (c) 3 public charity and are the premiere Learning In a Functional Environment (LIFE) Skills and Continuing IEP Education Center in the state of Texas. Just like the program that your student has left or will be leaving with the Independent School District, we are a self contained, all inclusive, full day program of education tailored to the student's Individual Education Plan, the education goals that the parent or caregiver may have set, and a dedicated program of LIFE Skills training.

Our program of LIFE Skills training, though it meets the guidelines and functions as a Day Habilitation Program, is only a part of what we do. We are the transition program for the transition program, so to speak. We are a continuing education center for those students with intellectual and developmental disabilities, of any age, that have graduated or aged out of the school district program. The program is also available on an after school basis for those students currently in high school. For those students who want to continue to go to school, rather than work or go to a dayhab, adult day care center or group home, we are here. The student is here until he or she is ready to go out on their own. While the student is here, he or she will experience basic education, skills training to allow them to maintain function in a home environment and increase autonomy, extracurricular elective classes and skills training to obtain employment, if that's what the student chooses. All instruction is done by teachers certified by the state of Texas for secondary special education and with the help of paraeducators trained in this field.

We are open from 7:30 A.M. to 5:30 P.M., Monday through Friday, year round, with the exception of 2 set calendar weeks where the Center is closed. We provide breakfast for those who want to come early each day and we also provide lunch and afternoon snack. We have a consulting dietician who will also work with any special meal requirements.

Eventually, we will have a health assistant on board to dispense necessary medications, to do screenings to ensure the health of our students, and to give that extra TLC when a student medically needs it. All staff is CPR/First Aid/Safety certified and Crisis Prevention Institute trained in restraints.

Toileting issues are not an issue with us

What we do require is that students have at least a 15 minute attention span to sit and learn and do not have aggressive and violent behaviors. We accept up to an HCS level 8 and level 6 is accepted on a case by case basis.

Please bring back the attached application, completed, along with the \$35 application fee so that we may enroll your student. If space is not available, your student's completed application will be placed on a waiting list for when a spot opens up or we increase our enrollment. Applications are approved on a first come, first served basis. We thank you for your understanding in this.

Welcome to Emma's Education Center. We know you will love the difference!



FEE SCHEDULE

Enrollment fee (one-time, non refundable).....	\$ 35.00
Fee for full day program (7:30 – 5:30) In advance	(monthly) \$600.00
	(weekly) \$150.00
Fee for half day program (any 4 hours) In advance.....	(monthly) \$300.00
	(weekly) \$ 80.00

Payment for tuition must be made each week in attendance, even if attendance is less than five days in the week. Students are not charged for the 2 weeks each year that the Center is closed. After two weeks of non-attendance/nonpayment, the student will be considered as dropped and must re-apply for admission. Students are charged monthly and weekly, not just for days in attendance. Charging tuition this way assures that the student has a spot for as long as he or she needs. HCS, CLASS and TxHML students are charged for the number of days in attendance each month.

Fees are paid in advance, unless other arrangements have been made, and are considered late by Wednesday afternoon of each week. Fee for late payment is \$25.00.

EEC has a notary on staff. The fee to notarize documents is \$5.00 per signature. Notary fees are waived for Emma’s Education Center business. All other documents for students or families will incur the Notary fee per signature.

Fee for late pick up (15 minute increments)..... \$ 5.00
 We accept cash, money orders, personal checks (made payable to Emma’s Education Center) for payment.

PLEASE MAIL OR DROP BY COMPLETED APPLICATION WITH \$35 FEE TO:
 Emma’s Education Center, 2121 Northwest Hwy, Suite 119, Garland, TX 75041

We will send confirmation of your completed application, acceptance letter and enrollment date either via email.



CODE OF CONDUCT

STUDENT CONDUCT

Students at Emma's Education Center are to maintain appropriate conduct at all times and to adhere to school policies. At the Center we try to foster an atmosphere that is conducive to learning and socializing—and we like to have fun. Acts of aggression only impede the ability to foster that environment and staff is not equipped to handle repetitive acts of aggression. Though staff is equipped to handle behavior and outbursts on an occasional and emergency basis, students are required to have behavior under control while on campus.

Attacks, fighting, quarreling, outbursts, insubordination, foul language and any other acts of physical aggression will not be tolerated and will be dealt with in the following manner (subject to severity of infraction):

First infraction: Student and student's family will be made aware of the infraction and be asked to take all measures to keep inappropriate conduct under control.

Second infraction: Staff will ask caregiver to pick up student from the campus and student will not be able to return to campus until a meeting has been scheduled with staff, student and caregiver.

Third infraction: Student will be placed on hold for three days and will not be able to return to campus until another meeting with staff, caregiver and student can be held.

Fourth infraction: Student will be asked to withdraw from the program.

CAREGIVER CONDUCT

Caregivers and family members must act in a professional manner at all times while on Center property. The same code of conduct policy for students will be implemented for caregivers and family members. Please help us keep Emma's Education Center a great place to be.



ENROLLMENT APPLICATION

Student's Name _____ Date of Birth _____

Social Security Number _____ - _____ - _____ M/F _____

Phone Number _____ Email _____

Address _____

City _____ Zip Code _____

Does the student receive funding from HCS, CLASS or TxHML? Yes No

Name of Agency contracted with _____

Primary Diagnosis _____ Intellectual Disability Developmental Disability

Cause of disability; _____

Primary Caregiver's Name _____

Is primary caregiver a _____ parent relative professional caregiver

Does primary caregiver have guardianship over student? yes, full yes, partial no

Secondary Caregiver's Name _____

Is secondary caregiver a _____ parent relative professional caregiver

Does secondary caregiver have guardianship over student? yes, full yes, partial no

If no, would you like information on guardianship? yes no

Where did student go to High School? _____

Date when student graduated or left High School _____

Does Caregiver have a copy of the student's last Evaluation and Individual Education Plan?

yes (please attach copies)

no copy, but authorization form to obtain records is attached

Does the student have Medicaid? yes Number _____ No



How will the student get to Emma's Education Center and get home each day?

Students must be present by 9:00 am each morning for instruction, and are considered late after that time. They may be picked up or sent home after 3pm. We are open until 5:30 pm. Breakfast is served from 8:00 – 8:45 AM. Any students at the Center after 3pm will participate in after-school care/activities.

Please indicate the normal hours student will attend each day _____ a.m. to _____ p.m.

Our school program is available to your student as long as he/she has an intellectual or developmental disability. At this time, **we cannot accept students who have consistent severe aggressive behaviors.**

If your student has a mobility issue, they must be able to move around the building on their own (i.e. move their own wheelchair or operate an electric mobility vehicle).

Please return the following forms to us so that we can give you an appointment for enrollment:

- Application
- \$35 application fee.
- Emergency Card w/pickup information
- Copy of Primary and Secondary Caregiver's driver licenses
- Authorization to Obtain Information form (if copy of evaluation and IEP is not available)
- Authorization for Medical Treatment
- Authorization to Dispense Medication
- Health Questionnaire
- Functional Living Skills Assessment

_____ Date _____
Primary Caregiver's signature

_____ Date _____
Secondary Caregiver's signature

There is a \$35 enrollment application fee to help cover the cost of enrollment and initial supplies for each student. Please make checks payable to Emma's Education Center. Thank you!



EMERGENCY CARD AND PICKUP LIST

Student's Name _____

For the safety of your student, please fill out the following information and attach this form to the application. For safety reasons, we cannot release your student to anyone who is not on this list.

Primary Caregiver's Phone number _____

Alternate Number _____

Secondary Caregiver's Phone number _____

Alternate Number _____

Please provide two additional contacts in case we are not able to reach Primary and Secondary:

Name _____ Phone Number _____

Name _____ Phone Number _____

Name of persons authorized to pick up your student from Emma's Education Center:

Name _____ Phone Number _____

Name _____ Phone Number _____

Please note that any persons other than Primary and Secondary caregivers will be asked to show us identification.



AUTHORIZATION TO OBTAIN EDUCATIONAL INFORMATION

Evaluation/Assessments and Individual Education Plan Release

I give my permission for _____ (School Name) to release a copy of the last evaluation/assessment and IEP records for

(Student's name) _____ to Emma's Education Center.

_____ Date _____
Student's Signature or

_____ Date _____
Caregiver's Signature



FUNCTIONAL LIVING SKILLS ASSESSMENT

In order for us to gain a better understanding of the student, please fill out the assessment below so that we can share this information with the student's teachers.

Feeding Skills (Circle all that apply)

Feeds self Partially feeds self Needs to be fed Requires adaptive equipment

Dressing Skills (Circle)

Dresses self Needs little assistance Needs to be dressed

Personal Hygiene

Does student take care of his/her own personal hygiene? Yes No

Does he/she need assistance?

Does student menstruate? No Yes. If yes, please supply

Does student masturbate? No Yes. If yes, please tell us how we need to handle this:

Can student use a kitchen functionally? Please describe

Does student go out occasionally or regularly to eat? If so, please describe what is working and what is not working on outings:

Does your student have behaviors that are inappropriate? _____

Please Note: At Emma's Education Center, certain staff members are trained by the Crisis Prevention Institute to restrain students when they are a danger to themselves or others. Regular, inappropriate behavior such as this is a cause for dismissal from the program.



AUTHORIZATION FOR MEDICAL TREATMENT

This form must be notarized. Emma’s Education Center can notarize for you. If you choose to have us notarize, please do not sign until you are asked to by Emma’s Education Center.

Name of Student _____ Date of Birth _____ Allergies or Other Conditions _____

I, WE, being the student or Primary and Secondary Caregiver’s of the student of Emma’s Education Center hereby appoint:

Staff at Emma’s Education Center

To act in my behalf in authorizing unexpected medical care and hospitalization for myself or the above named student during the period of my absence. I understand that I have stated my choice of hospital but that Emergency Medical Personnel may take student to the nearest hospital to the Center.

This document shall be presented to the physician or the appropriate hospital representative at such time as unexpected medical, surgical or hospitalization may be required. One member of the staff at Emma’s Education Center will accompany student to the hospital until a Caregiver can arrive.

Student Primary Caregiver Date Date

Hospital of Preference Insurance ID or Medicaid ID

Physician’s Name Physician’s Phone Number

State of Texas, County of Dallas
Subscribed and sworn before me, a Notary in and for Dallas County, Texas, on

This the _____ day of _____ 20 _____

Signature _____

My commission expires:

seal



MEDICAL QUESTIONNAIRE

Student _____ Date of Birth _____

ALLERGIES, SEIZURES, AMBULATORY

Does student have allergies? No Yes (please list all allergies including environment and food.) _____

Has student had any particular reactions to any medications? No Yes

If yes, please explain

Does student have seizures? No Yes If yes, please specify the type of seizures

How often? _____ Length of seizure in minutes _____

Is student ambulatory? Yes No Equipment _____

Is there anything else we should know?

Is student toilet trained? Yes No.

If no, please list what we need to assist with. Does student wear pullups/diapers and needs to be changed, does student need to be assisted to change underwear and clothes, does student need to use restroom or be put on a particular be reminded schedule?



Expiration of Signed Form _____

Expiration of Medication _____

**EMMA'S EDUCATION CENTER
AUTHORIZATION FOR MEDICATION DISPENSATION AND SPECIAL PROCEDURES**

Student _____ Date of Birth _____

If medication/procedure is to be done **at the Center** on an as needed basis (PRN) or for more than 10 consecutive days, the following information must be completed by the prescribing physician:

Diagnosis _____

Minimum time between doses _____

Maximum number of doses _____

Criteria for administration/procedure _____

Prescribing physician's address and telephone _____

Physician's Signature

Date signed

Comments _____

Name of Medication	Dosage	Time(s) to be administered	Start Date	End Date

Primary Caregiver's Signature

Date