

Kaleidoscope Applied Behavior Analysis

Application for Admission

Child's Name: _____
(First) (Middle) (Last)

Address: _____

Date of birth: _____

Clinical Diagnosis: _____

Other conditions that apply:

- Seizure disorder Food Allergies Asthma
 Other- please specify _____

Father's name/ Legal Guardian _____

Address: _____

Home Phone: _____

Cell phone: _____

Work phone: _____

E-mail: _____

Employer : _____

Occupation: _____

Mother's name/Legal Guardian _____

Address: _____

Home Phone: _____

Cell Phone: _____

Work Phone: _____

E-mail: _____

Employer: _____

Occupation: _____

Parent's Marital Status: Married Separated Divorced Single

Child resides with: Mom Dad _____

Child's Siblings:

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

Name: _____ Age: _____ M or F

How did you find out about us?

parent referral internet physician other _____

Pediatrician: _____

Phone: _____

Other treating physician: _____

Specialization: _____

Phone: _____

Enrollment Option:

Full Time A 9-1 M-Th

Full Time B 9-2 M-Th
9-1 M-F

Are you interested in the early learner program or advanced learner program:

Early learner Advanced learner- ABLLS 75% completed

Did your child previously attend public or private school or daycare?

School Name: _____

Program type: _____

Has your child had previous ABA therapy?

Consultant or center name: _____

Phone: _____

Number of hours per week: _____

Duration: _____

Each family must submit a \$500.00 enrollment deposit.

We will notify you promptly of your child's enrollment status and start date.

We look forward to working with your child.

A non-refundable field trip and materials fee is due upon the child's enrollment.

Kaleidoscope ABA Tuition 2018-2019 School Year

	Monthly Tuition	Yearly /Tuition 10 mo.	Yearly/ Tuition 12 mo.
Full Time A 9-1 M-Th	\$2,160.00	\$21,600.00	\$25,920.00
Full Time B 9-2 M-Th 9-1 M-F	\$ 2,700.00	\$27,000.00	\$32,400.00

\$350.00 Yearly Field trip and Materials Fee

\$500.00 one-time enrollment deposit

Kaleidoscope Applied Behavior Analysis Policies

- Tuition is due by the 5th day of each month. Tuition is considered late after the 7th and a fee of \$30.00 per day will be assessed. After the 15th day the child will be suspended from the program until all fees are paid in full.
- All state and other scholarship funds will be applied to the student's tuition as it is received.
- Parents may submit our invoices to their insurance company for reimbursement; Kaleidoscope does not submit invoices directly to insurance companies. Tuition must be paid in accordance with the Kaleidoscope policies.
- The tuition rates are:

Full Time A:	\$2,1600.00 monthly	9-1:00 M-Th
Full Time B:	\$2,700.00 monthly	9-2 M-Th
		9-1 M-F
- All students will be charged a yearly field trip and materials fee of \$350.00.
- Each new student is required to pay a \$500.00 enrollment deposit.
- 30 days **written** notice is required to receive a return of the \$500.00 enrollment deposit upon exit from the program.
- Provided that written and verbal notice is provided 3 weeks prior to the absence, child absences will be refunded on the following month's tuition bill. Child sick days are non-refundable.
- Therapist absences from a child's session will be refunded in full on the following month's tuition bill if a substitute therapist is not assigned by the commencement of the child's session. Please do not self-deduct amount from current month's invoice.
- All programming will be provided on site where adequate supervision can be provided.
- Assignment to particular therapists may change each semester according to what is best for each child. Children will be assigned to a variety of therapists to assure generalization of skills across individuals.
- A late fee will be assessed if a child is not picked up by parent's 15 minutes after the session. The late fee is a prorated hourly amount.
- Students who suspend services for more than 90 days will forfeit their deposit and will need to re-enroll.
- Please return and sign. Please reserve a copy of your signed policies for your records.

Parent/ Guardian Signature: _____ Date: _____