



**BREVARD  
CHRISTIAN**  
**EARLY INTERVENTION CENTER**  
**GOD HAS A PLAN FOR EVERY CHILD!**

# Parent/ Student Handbook

2018

# **Table of Contents**

**Vision and Mission Statement**

**School Personnel**

**Statement of Faith**

**Tuition**

**Calendar**

**Parent participation/volunteers**

**Policies**

**Non-discrimination policy**

**Signature required policies**

## Who We Are

We are people in the profession of teaching and training children who need to experience the love, patience and wisdom of God. We offer educational and behavioral services for children with special needs and developmental disabilities.

School Administrator	Nathan Adams	<a href="mailto:nadams@brevardchristianeic.org">nadams@brevardchristianeic.org</a>
Elementary teacher	Madison Jones	<a href="mailto:mjones@brevardchristianeic.org">mjones@brevardchristianeic.org</a>
School Owner/Operator	Melody Autry	<a href="mailto:mautry@brevardchristianeic.org">mautry@brevardchristianeic.org</a>
Transportation/Security	Joel Autry	

## Why We Exist

The epidemic of Autism and learning disabilities is a reality we cannot deny. There are so many families facing these tough realities who are searching for a place for their child where they will be supported and encouraged. They need a place where they will be taught that they are wonderfully made by a loving God who wants to give them a hope and a future. We have that place. We know that God.

## What We Believe

We believe that God has a plan for every child, even those with special needs and disabilities. We believe that we can make a difference in those children's lives by providing healing through mind, body and spirit.

## Statement of Faith

1. We believe the Bible to be the only inspired, infallible, authoritative Word of God in the original text and the only rule of faith and practice. II Timothy 3:16-17
2. We believe that there is one God, eternally existent in three persons; Father, Son, and Holy Spirit. Matthew 28:19; II Corinthians 13:14
3. We believe in the deity and humanity of our Lord Jesus Christ, in His virgin birth, in His sinless life, in His shed blood, in His bodily resurrection, in His ascension to the right hand of the Father, and in His visible return in power and glory. Colossians 1:13-20
4. We believe that the Lord Jesus Christ is the only mediator between God and Man. I Timothy 2:5
5. We believe that all men are lost and sinful, and that salvation is received by the grace of God through personal faith in the Lord Jesus Christ and by the act of regeneration of life by the Holy Spirit. Romans 3:23-26; Titus 3:5
6. We believe in the ministry of the Holy Spirit, by whose indwelling the Christian is enabled to live a godly life. Romans 8:9
7. We Believe the church, as the body of Christ, is the extension of Jesus Christ's character, attitude, behavior, and mission in our world today. (Ephesians 1:22-23; 4:15-16).
8. We Believe faith in Jesus requires repentance, confession of that faith before witnesses, obedience to His Word. Baptism by immersion demonstrates our faith and obedience while it depicts our union with Christ in His death, burial and resurrection. (Acts 2:38).
9. We believe that support and participation in the task of fulfilling the great commission is the responsibility of all believers in our Lord Jesus Christ. Matthew 28:19-20
10. We believe in the spiritual unity of all believers in the Lord Jesus Christ through the power of the Holy Spirit as established in the Bible. John 17:20-23; I Corinthians 12:12-13
11. We believe that the universe originated by the creative act of God as revealed in Holy Scripture, and that the form of every kind of life was fixed at the time of its creation. Genesis 1:1; John 1:1-3
12. We believe that God created marriage in the beginning, as a blessing for both man and woman, before any sin or rebellion entered the world, and that he created marriage to be between one man and one woman, who enter into a covenant relationship, complement one another, serve one another, and sanctify one another for as long as they both shall live. Accordingly, we reject any attempt to redefine marriage as a union between people of the same sex or as between more than one man and one woman. We believe that the homosexual lifestyle and alternative gender identities are contrary to the Bible. Gen. 1:27-28; 2:15-24; Lev 18:22; Lev 20:13a; Matt 19:4-6; Rom 1:26-27; 1 Cor 7:14
13. We believe that human life is sacred and created by God in His image. Human life is of inestimable worth in all its dimensions, including pre-born babies, the aged, the physically or mentally challenged, and every other stage or condition from conception through natural death. We are therefore called to defend, protect, and value all of human life. Psalm 139
14. The statement of faith does not exhaust the extent of our beliefs. The Bible itself, as the inspired and infallible Word of God that speaks with final authority concerning truth, morality, and the proper conduct of mankind, is the sole and final source of all that we believe. For purposes of Brevard Christian Early Intervention Center's faith, doctrine, practice, policy, and discipline, our Board of Directors is the center's final interpretive authority on the Bible's meaning and application.

## Tuition and Fees

**Tuition:** \$10,000 per year which breaks down to \$192.00 per week or \$833 per month.

All children attending school should be eligible for the McKay or Gardiner Scholarship which should pay for the tuition in full. If you have not applied for the scholarship or if for any reason, he/she does not qualify for the total tuition, there may be private scholarship opportunities. However, if no scholarship opportunities are available, parents are responsible for tuition and/or commitment to helping to raise funds to cover the cost.

**Transportation:** If you need help with transportation, please make arrangements with Nathan Adams. The cost for transportation is \$20 per week for pick up and drop off. \$10.00 per week for either pick up or drop off.

**Field Trips:** Cost per trip will be established and communicated in the permission form.

## **Policies**

### **Racially Non-discrimination Policy**

Brevard Christian Early Intervention Center and Homeschool Co-op admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its educational policies, admission policies, financial assistance program, or other school administered programs.

## MEMORANDUM OF UNDERSTANDING

Brevard Christian Early Intervention Center is dedicated to providing comprehensive and individualized instructional services to facilitate measurable improvements in academic and behavioral skills necessary to achieve overall quality of life improvements for the students served. In order to achieve these gains, Brevard Christian Early Intervention Center students require plan of the systematic instruction of TCAP/CCA students requires commitments on the part of their family. The following represents and outlines these commitments:

Parents, teachers, and staff seek to promote increases in the child's ability to generalize skills acquired in the classroom setting. Therefore, it may be essential for some of Brevard Christian Early Intervention Center students to implement a structured, systematic home program. It is important to have a well-organized teaching space at home, the necessary teaching materials, Brevard Christian Early Intervention Center student programs with appropriate documentation, and trained home therapists. Such a program can be developed and carried out on an individual basis in consultation with the program director(s) at Brevard Christian Early Intervention Center.

It is important for parents to become fluent in their use of applied behavioral analysis methods in order to help their child(ren) with the skill acquisition and generalization of those skills across environments. To that end, the parents of Brevard Christian Early Intervention Center students are asked to commit to researching and educating themselves on ABA by materials and resources provided by Brevard Christian Early Intervention Center and other validated sources. Parents are both encouraged to observe the learning process at Brevard Christian Early Intervention Center on a regular basis, and are expected to attend training workshops/courses offered by Brevard Christian Early Intervention Center.

Brevard Christian Early Intervention Center seeks to support the health of children living with autism and/or other development disabilities. As a part of their commitment to Brevard Christian Early Intervention Center, families are asked to agree to develop and/or maintain appropriate nutrition, medical care and exercise.

The success of Brevard Christian Early Intervention Center and the students we serve depends upon mutual support between families and professionals, honesty, open critiquing of programs and processes, and a willingness to recognize Brevard Christian Early Intervention Center as a community dedicated to the success of each individual student. Parents, staff, volunteers, consultants, and professionals at Brevard Christian Early Intervention Center will commit to an open, caring conversation

dedicated to the continual improvement of programs that provide for the education of children with special needs.

Equally important in the success of student programs at Brevard Christian Early Intervention Center, is parental trust in the school. In order to accomplish this, parents must be in agreement with Brevard Christian Early Intervention Center philosophy and policies. While the wishes and opinions of parents are highly valued and solicited on a regular basis in matters directly concerning their child, the Brevard Christian Early Intervention Center reserves the right to make all decisions necessary in the appointment of staff including directors, teachers and/or instructors, support staff, and other providers. Matters such as, assignment of instructional personnel to work with students is the responsibility of the director and other school administrators as appropriate. Brevard Christian Early Intervention Center employees and/or contractors may participate in home programs after school hours if approved by the director.

We agree and commit to the policies and goals set forth in the memorandum of understanding.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Student's Name \_\_\_\_\_

## PARENT AGREEMENT

I, \_\_\_\_\_, agree to make the following efforts while my child,

\_\_\_\_\_ is enrolled in the instructional program at Brevard Christian Early Intervention Center:

1. I will attend and participate in necessary meetings to discuss my child's progress unless otherwise determined by the team.
  
2. I will make every effort to continue pertinent extensions of the school program in the home setting. I also agree to run and maintain a home program at our own expense, **if recommended** by the program director(s) and agreed upon by team members, who include, the parents. I understand that the carry-over of skills is crucial to success and realize that the family shares responsibility in this. I understand that if progress is not satisfactory other placements may be considered.
  
3. I will notify the school prior to the scheduled session if my child is ill and cannot attend.
  
4. In the event that my child exhibits symptoms of illness described in the Parent/Student Handbook, I will pick up my child as soon as possible.
  
5. To be an active participant of activities organized by the school, such as open house and fund raisers, and to commit to participate in a Parent/Teacher Organization (PTO).
  
6. Active participation in fundraising events organized by the PTA/PTO of Brevard Christian Early Intervention Center are required. We rely on fundraising to offset the costs of school overhead necessary to keep our program. Inability or unwillingness to fund-raise will result in dismissal from the school.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## STUDENT PROTECTION POLICY

In order to insure the peace of mind of parents and the safety, rights, and well-being of students; it is the policy of Brevard Christian Early Intervention Center to require all staff to submit to level 2 background checks which requires fingerprinting for statewide criminal history checks through FDLE and national criminal history checks through the Federal Bureau of Investigation (FBI), and may include local law enforcement checks.

Brevard Christian Early Intervention Center director or designee(s) will make frequent, random visual checks of the classroom throughout the school day, allowing the opportunity to monitor the classroom. Parents are welcome and encouraged to observe their child and the instructor working together in the classroom at any time and as often as desired.

Additionally, Brevard Christian Early Intervention Center will periodically train employees in first-aid, CPR, and medication management.

All visitors to Brevard Christian Early Intervention Center are required to check in with the front desk and/or another designee immediately upon arrival and sign in and out.

My child, \_\_\_\_\_, is enrolled at Brevard Christian Early Intervention Center.

I have read the Parent/Student Handbook for Brevard Christian Early Intervention Center and agree to abide by its contents.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EMERGENCY CONTACT INFORMATION

**Child's Name:** \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: M F

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Parent(s)/Guardian(s):**

\_\_\_\_\_

Name

Relationship

Email Address

to child

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Phone (Day)

\_\_\_\_\_

Phone (Evening)

\_\_\_\_\_

Name

Relationship

Email Address

to child

\_\_\_\_\_

Cell Phone

\_\_\_\_\_

Phone (Day)

\_\_\_\_\_

Phone (Evening)

**Emergency Contact: (Other than parent/guardian):**

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Name	Relationship to child	Email Address
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Cell Phone	Phone (Day)	Phone (Evening)
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Name	Relationship to child	Email Address
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Cell Phone	Phone (Day)	Phone (Evening)
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Signature of Parent/Guardian	Date
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## Medication(s) Release Form

***This form must be completed in its entirety and signed prior to enrollment at Brevard Christian Early Intervention Center. It must be updated annually and maintained in the student's file at Brevard Christian Early Intervention Center. Please read all information on this form carefully. Questions regarding this form prior to parent/guardian signature must be addressed exclusively with the Director.***

All medications must be transported by the parent in current original labeled prescription containers. By signing this form, the parent gives permission for Brevard Christian Early Intervention Center staff, which has medical training or experience, to administer the specific medication detailed on this form.

**A separate form must be completed for each medication.**

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Medication	Rx Number	Rx Date	Rx Dosage	Pharmacy Name	Pharmacy Phone #

Exact Dosage to be given while at Brevard Christian Early Intervention Center: \_\_\_\_\_

Exact Time to be administered while at Brevard Christian Early Intervention Center: \_\_\_\_\_

Reason for Medication: \_\_\_\_\_

Duration of Medication: \_\_\_\_\_

Special Instructions:

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Possible side effects of this medication:

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*By signing this form, I agree to hold harmless and indemnify from all liability Brevard Christian Early Intervention Center and its personnel for any complication, harm or injury arising from such actions noted in this section and including administration of medication as specified on this form.*

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Signature of Parent/Guardian

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Printed Name of Parent/Guardian

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Date

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Expiration Date

## Medical Release Form

***This form must be completed in its entirety and signed, prior to enrollment at Brevard Christian Early Intervention Center. It must be updated annually and maintained in the student's file at Brevard Christian Early Intervention Center. Please read all information on this form carefully. Questions regarding this form prior to parent/guardian signature must be addressed exclusively with the Director.***

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Child's Physician \_\_\_\_\_

Phone Number \_\_\_\_\_

Physician's Address: \_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, it is important to have a list of current medications your child may be taking. Please list:

<b>Name of Medication</b>	<b>Rx Number</b>	<b>Rx Date</b>	<b>Rx Dosage</b>	<b>Pharmacy Name</b>	<b>Pharmacy Phone #</b>

\_\_\_\_\_ My child is **NOT** taking medication(s) at this time.

In the event of an emergency, please list any special instructions that may be important in seeking medical treatment for your child (i.e., allergies, reaction/side effect(s) of medications, , etc.)

Special Instructions:

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When determined to be necessary as emergency care and/or treatment, we hereby constitute and appoint Brevard Christian Early Intervention Center, acting by and through its authorized agents, limited power of attorney in fact for us in our name, place and stead to exercise, do or perform any act, right, power duty or obligation whatsoever we have as the parents/guardians relating to any necessary medical attention or treatment determined by a licensed medical doctor to be administered to our child, including when so advised by a licensed medical doctor, medical and surgical procedures as well as hospitalization to protect and maintain the health and well-being of our child.

In so doing, by signing this form, we agree to hold harmless and indemnify from all liability Brevard Christian Early Intervention Center and its personnel for any complication, harm or injury arising from such actions noted in this section and including administration of medication as specified on this form.

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Signature of Parent/Guardian

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Printed Name of Parent/Guardian

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Date

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Expiration Date

## PARENTAL PERMISSION FOR BEHAVIOR MANAGEMENT AND MODIFICATION

Brevard Christian Early Intervention Center states:

In times when difficult situations arise, as can happen with persons challenged with disabilities, such as, autism spectrum disorders (ASD), Brevard Christian Early Intervention Center should and must make every effort to keep the children and staff safe from harm, including children who may attempt to harm themselves through self-injurious behaviors. Brevard Christian Early Intervention Center staff has been instructed to restrain children in such circumstances with the least restrictive restraints possible. For example, sitting across from the child and blocking him/her with minimal touch being least restrictive to actually performing the most restrictive holds using the most humane techniques. Parents also must understand that highest level of restrictive holds will only be performed in emergency type situations.

In order to restrain a child, no matter how minimal the restraint may be, Brevard Christian Early Intervention Center policy is to receive expressed written permission from the parent. As a precautionary effort, all parents are asked to fill out the permission slip in case a situation were to arise requiring staff to hold back a child from self-injury or harm to another person.

\_\_\_\_\_ I **give** permission for the staff of Brevard Christian Early Intervention Center to hold my child in the case of self-injury or possible injury to another child or staff person. I understand that restraining our child is the absolute last resort and know that this is not normal procedure. I also understand that full physical prompting is a necessary teaching technique employed by the Brevard Christian Early Intervention Center.

\_\_\_\_\_ I **do not** give permission for the staff of Brevard Christian Early Intervention Center to hold my child in the case of self-injury or possible injury to another child or staff person. I understand that restraining our child is the absolute last resort and know that this is not normal procedure. I also understand that full physical prompting is a necessary teaching technique employed by the Brevard Christian Early Intervention Center.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

## PARENTAL PERMISSION TO EXCHANGE INFORMATION

I, \_\_\_\_\_, hereby give permission for Brevard Christian Early Intervention Center to exchange information with the following:

\_\_\_\_\_  
Name of agency or organization

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Mailing address of agency or organization

For the purpose of: \_\_\_\_\_

Concerning my child, \_\_\_\_\_  
child's name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

**PARENTAL PERMISSION FOR BREVARD CHRISTIAN EARLY INTERVENTION  
CENTER STAFF TO TRANSPORT STUDENT**

Name of Student: \_\_\_\_\_

\_\_\_\_\_ I **give** permission for Brevard Christian Early Intervention Center staff to provide transportation as outlined in the IEP/IIEP for my child to and/or from the following:

\_\_\_\_\_ community outings (i.e., Walmart, Dollar General, etc.)

\_\_\_\_\_ public library

\_\_\_\_\_ a designated location/special activity (i.e. field trips, etc.)

\_\_\_\_\_ I **do not** give permission for Brevard Christian Early Intervention Center staff to provide transportation for my child.

I agree to hold harmless and indemnify from all liability Brevard Christian Early Intervention Center and its personnel for any complication, harm or injury arising from any accident that could occur while transporting my child.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date

## PARENTAL PERMISSION FOR USE OF MEDIA

Name of Student \_\_\_\_\_

\_\_\_\_\_ I **give** permission for Brevard Christian Early Intervention Center to use photos, videotapes or any other medium made of my child for instructional and/or promotional purposes.

\_\_\_\_\_ I **do not** give permission for Brevard Christian Early Intervention Center to use photos, videotapes or any other medium made of my child for instructional and/or promotional purposes.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PARENTAL PERMISSION FOR VISITORS TO OBSERVE

Name of Student \_\_\_\_\_

\_\_\_\_\_ I **give** permission for visitors to observe my child while receiving services at Brevard Christian Early Intervention Center.

\_\_\_\_\_ I **do not** give permission for visitors to observe my child while receiving services at Brevard Christian Early Intervention Center.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date