

Center Policies and Procedures

Please initial each section.

Student Criteria

Students are placed in social communication groups based on a combination of age, grade, skill level, and abilities. Not all our students have a diagnosis, but among those who do are children with high functioning autism, Asperger Syndrome, PDD-NOS, Nonverbal Learning Disability, and general social and communication disorders. Students typically will have near average to above average cognitive skills with no behaviors such as tantrums, bolting, injury to self or others, or any behavior needing 1:1 staff assistance. Students will have good verbal skills and should be able to handle themselves independently and appropriately in a small group setting. It is important that your child meet these criteria to allow for a safe, productive learning environment.

Drop off/pick up

Parents/caregivers are expected to walk students to the entrance and greet students at the exit at the beginning and end of each group/activity time (unless other arrangements have been made).

Absences and Missed Sessions

Each student is allowed 1 cancellation during his/her 8 week group session and will be able to attend an alternative makeup group during that same 8 week session. Space is based on availability.

Snow Cancellation Policy

Group sessions including Open Gym and scheduled activities will be cancelled if Wachusett Regional Schools are cancelled. Please use your best judgment when traveling from your city or town to ensure safety. Group makeup day(s) will be scheduled as needed.

I have read/received a copy of inSync Privacy Policy. See attached.

Fees and Payment:

- I agree to the following fee schedule and policies

- I agree to pay the full balance on my account before the start of each service.

- There are no refunds on services.

- inSync is a private Social/Communication center not accepting insurance of any kind at this time.

Credit Card Information (for automatic monthly deductions-optional)

Credit Card: Visa MasterCard

Name as it appears on card _____

Card # _____ Expiration Date _____

Billing Address _____

Signature _____

I have received a copy of the inSync Application Packet.

Print Name

Signature

Date