



Camp 2 Can Brevard 2017

Sessions:

- Week 1: June 5 - 9
- Week 2: June 12 - 16
- Week 3: June 19 - 23
- Week 4: June 26 - 30
- Week 5: July 10 - 14
- Week 6: July 17 - 21
- Week 7: July 24 - 28

Location/Hours:

The Scott Center for Autism Treatment at F.I.T.
150 W. University Blvd.
Melbourne, FL 32901

Monday-Friday
8:30 am - 2:30 pm
*NO early drop-off or
late pick-up



About Camp 2 Can

Camp 2 Can Brevard is a summer camp dedicated to the provision of creativity, socialization, and personal-growth experiences by individuals with autism spectrum disorders (ASD). **Camp 2 Can Brevard** will be held for seven weeks this summer for individuals with ASD ranging in age from 5-22 years of age in the Brevard County area.

This program was developed in response to the limited options and high demand for appropriate summer programs where children with ASD can interact safely and productively. Funding for the camp is partially subsidized through fundraising efforts of Brevard Providing Autism Links and Supports (Brevard PALS), which is a non-profit group dedicated to supporting families in the Brevard County area.

*Campers with ASD must be registered with the
UCF Center for Autism and Related Disabilities (CARD) to participate.*

Camp 2 Can Brevard will provide campers with natural environments to help build friendships, learn and use social skills, explore nature, make arts and crafts, participate in swimming/sports/games, and use various functional skills, all while having fun! Small groups of children will be supervised by adults who are experienced in working with children with ASD. Maximum number for camp is 24 participants per week. If the camp is full when you apply, you will be added to our waiting list.

The following sections must be **READ, INITIALED AND RETURNED WITH YOUR CAMPER'S APPLICATION. By initialing each section, you indicate you have read and understand the camp procedures and agree to follow the procedures established for the safety and success of all campers.**
Initials:

____ **LOCATION / HOURS**

The Scott Center for Autism @ F.I.T. 150 W. University Blvd, Melbourne, FL 32901-6975

Camp hours are: Monday – Friday from 8:30 am – 2:30 pm. **NO early drop-off or late pick-up.**

____ **TRANSPORTATION**

Transportation **will not** be provided for daily pick-up and drop-off. Transportation will be provided for outings and/or field trips during camp hours. The cost for transportation to/from trips while at camp is included in the weekly camp fee.

____ **ACTIVITIES**

Activities for all campers will consist of:

- Arts & Crafts
- Music & Movement
- General Play Activities
- Social Skills Instruction and Development
- Outdoor games/activities
- Swimming
- Full-day field trips

____ **WHAT DO THE CAMPERS NEED TO BRING WITH THEM DAILY?**

- Closed-toed shoes
- Sunscreen and insect repellent
- Towel and bathing suit (on water days)
- Change of clothes
- Lunch, snacks, and water/drinks (every day unless otherwise specified)
- Lunches should be in either a Ziploc bag or brown paper bag on field trip days (coolers cannot accommodate all of the lunchboxes)
- If your Camper **cannot** swim, please send a **Coast Guard approved** life jacket.

- **Please label everything that is brought to Camp with your Camper's name.** We cannot be responsible for items that are not labeled or are lost. Some children may need to bring an extra change of clothes each day.

DO NOT BRING/WEAR!

Camper's **must not bring/wear** the following items to camp:

- breakfast
- glass containers
- flip-flops, sandals, or barefoot
- pets
- personal toys
- cell phones, iPods, or electronic games
- weapons of **any kind**.

FOOD AND BEVERAGE

- Each camper needs a lunch, snack, and adequate beverages packed every day unless otherwise specified.
- All food must be non-refrigerated food (Food will be stored indoors, but you may want to supplement this with a cooler or ice pack).
- Please do not send in microwavable food items.
- Please pack necessary utensils, napkins, plates, etc.
- Parents will be notified of any field trips where lunch or snack can be purchased or is provided.

LOST AND FOUND

A Lost and Found area will be provided for items left at camp at the end of each day. All unclaimed items will be donated to charitable organizations if not claimed one week after camp ends.

MEDICATION DISTRIBUTION

Any camper requiring medication to be administered at camp must authorize Medication Release by checking the appropriate box in the Medication section. Medication **will not** be administered to a camper without this signed form. Medication must arrive in its original container with a valid expiration date, dosage directions, and prescribing physician's name. If your child is taking any medication, it **MUST** be listed in the medication section even if it is not administered during camp hours.

MEDICAL POLICY:

While we realize families may choose to pursue a variety of medical and/or biological treatments, as well as medication interventions to address the specific needs of their children. It is our belief that camp is not a good time to try new treatments and/or medications or alternative treatments that may affect a child's behavior. Based upon our previous experience, Camp 2 Can - Brevard cannot support campers who are in active biomedical treatments and/or undergoing medical trials; such as chelation, IVIG, NAET, etc. We appreciate your cooperation with this policy and your understanding.

DEPOSIT

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to Brevard PALS. A \$50.00 per camper deposit is due with the enrollment application. Deposits are deducted from the total camp costs. Mail deposits and enrollment applications to:

Brevard PALS
c/o Child & Family Consultants, Inc
1800 Penn Street
Suite 12
Melbourne, FL 32901

____ **PAYMENT**

The full payment for camp is due on or before Monday, May 22, 2017. Payments may be made by credit card VISA/MASTERCARD, or by check or money order made payable to Brevard PALS.

____ **CANCELLATIONS/REFUNDS**

If your application is received after the maximum number of available camp slots are filled – you will be placed on a waiting list for camp. You will be notified by May 31, 2017, if a slot becomes available for your child to participate in Camp 2 Can - Brevard. If the number of applicants exceeds 24 per week – your child will be placed on a waiting list and you will be notified of this status. No refunds will be made after **May 31, 2017. No exceptions.** This includes non-attendance due to illness of camper or personal family situations.

____ **CAMP 2 CAN IS BEST SUITED FOR**

- A camper that is toilet trained (all campers MUST be toilet trained)
- A camper that can work well in a small group of 1:4 ratio
- A camper who does not have major transition issues
- A camper that is non aggressive
- A camper that does not require a 1:1
- A camper that can feed him/herself
- A camper who can dress him/herself with little assistance
- A camper who can follow basic rules

____ **DISMISSAL FROM CAMP**

Dismissal from camp may occur for any camp participant if the camp staff, after conducting a functional assessment and providing appropriate behavior strategies, determines that the adult-child ratio cannot support the safety of the camper or the group. **Please note the staffing ratio is not designed for campers who need full time, one-on-one assistance or who have significant behaviors such as self-injury, aggression, elopement, safety, etc.**

Camper's Full Name: _____

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<u>Office Use Only</u>	
Received:	_____
Sent for Approval:	_____
Approved:	_____
Input:	_____
Charged Deposit:	_____
Charged Balance:	_____

Camp 2 Can Brevard 2017
Enrollment Application

Name of Child: _____ Birth Date: _____ Male _____ Female
A separate Enrollment Application must be completed for each child.

CARD Coordinator's Name: _____

School Name: _____ Grade: _____ Teacher: _____

Teacher Phone: _____ Teacher Email: _____

Name of Sibling Attending: _____

Parent/Guardian Information

Name _____ Home Phone _____ Work Phone _____ Email _____ Cell/Pager _____ Address _____ City, State Zip _____	Name _____ Home Phone _____ Work Phone _____ Email _____ Cell/Pager _____ Address _____ City, State Zip _____
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Emergency Information/Permission to Pick up Child

- | | | | |
|----------------|---------------------|-----------------|--------------|
| 1. Name: _____ | Mother/Guardian | Contact # _____ | Pick up: Y/N |
| 2. Name: _____ | Father/Guardian | Contact # _____ | Pick up: Y/N |
| 3. Name: _____ | Relationship: _____ | Contact # _____ | Pick up: Y/N |
| 4. Name: _____ | Relationship: _____ | Contact # _____ | Pick up: Y/N |
| 5. Name: _____ | Relationship: _____ | Contact # _____ | Pick up: Y/N |

Medical Background:

All areas on this form must be completed. An incomplete medical form will result in an incomplete camp application. Please see our policy on medical treatments on page 3.

Physician's Name: _____	Phone: _____
Last Tetanus shot date: ___/___/___ Medical Insurance Company for Child: _____	
Insurance Company Phone: _____	Policy Number: _____

Does your child have a disability? ___Yes ___No If yes, what: _____

Camper's Full Name: _____

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Does your child have any chronic illnesses? ___ Yes ___ No If yes, what: _____

Does child have physical restrictions/limitations? ___ Yes ___ No If yes, what: _____

Is your child subject to seizures? ___ Yes ___ No Type: _____ Frequency: _____

Is your child subject to blood sugar level issues? Yes ___ No If yes, low or high: _____

Other special Conditions: _____

Is child on special diet? ___ Yes ___ No If yes, please explain: _____

Does your child require assistance while eating? ___ Yes ___ No If yes, please explain: _____

Your child must be toilet trained ___ initials

Allergies to drugs, foods, insects? ___ Yes ___ No If yes, what: _____

Is child taking medication? ___ Yes ___ No

NOTE: If yes, even if NOT administered during camp please complete this section in case of emergency. If yes, and during camp hours please complete and sign the Medication Release in this packet

Please list all medications and dosages

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

PLEASE LIST ANY MEDICATIONS THE CAMPER IS ON REGARDLESS IF THEY ARE ADMINISTERED DURING CAMP OR NOT

Medication	Dosage	Time
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Camper **WILL NEED** medication provided during camp hours
(I understand I must give authorization in another section for this)

Camper **WILL NOT** need medication during camp hours

Camper's Full Name: _____

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The Camper

Please use this page to tell the camp staff about your child. The more we know the better support we can provide

Things I like - List things that your child really likes. Example: play dough, books, animals, etc.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Things I don't like - List things that your child doesn't like or avoids. Ex.: loud noises, water, sand, etc.

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Communication- Please send any communication system used with child.

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Nonverbal | <input type="checkbox"/> Some Language | <input type="checkbox"/> Fully Verbal | <input type="checkbox"/> Device |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Picture Symbols | <input type="checkbox"/> Communication Board | |

Please indicate how your child communicates his/her needs. For example: points to things, becomes very loud when upset, says "red" for "juice," etc.

In order for our experienced staff to safely support and manage your child at camp and in the community, we need to know any behaviors that may adversely affect him/her or others ability to participate in all activities.

PLEASE NOTE: Campers must be able to be managed in a **1:4 staff to camper ratio** and manageable in a group setting of 12-24 campers (i.e. field trips).

Behaviors: List any behaviors that may affect your child's ability to safely participate in activities or with others. **Include a copy of your child's individual behavior plan (if applicable) with the completed application form.**

- | |
|----------|
| 1. _____ |
| 2. _____ |
| 3. _____ |

REGISTRATION/PAYMENT

Please check the **weeks** you wish your child(ren) to attend:

Dates	1 st Child	Sibling	Total
Week 1 June 5 - 9, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 2 June 12 - 16, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 3 June 19 - 23, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 4 June 26- June 30, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 5 July 10 - 14, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 6 July 17 - 21, 2017	___ \$250.00	___ \$225.00	\$ ___
Week 7 July 24 - 28, 2017	___ \$250.00	___ \$225.00	\$ ___

TOTAL \$ _____
Balance Due May 22, 2017..... \$ _____

Please check your child's camp T-shirt size

child small child medium child large adult small adult medium adult large adult xlarge

CREDIT CARD AUTHORIZATION FORM

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____ (VID code is three digit code on back of card) ****4 digits on front for Amex**

Cardholder (as appears on credit card): _____

CREDIT CARD BILLING ADDRESS

Name: _____

Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

I, Cardholder listed above, hereby authorize Providing Autism Links & Support, Inc. (PALS, Inc.) to charge my credit card account the deposit amount of \$ 50.00 x #weeks_____, plus a \$10 processing fee, for a total of \$ _____ and I understand by checking this box I authorize PALS to charge the balance of \$ _____ plus the \$10 processing fee for a total of \$ _____ on **May 22, 2017**.

Only charge my deposit I will forward a check to the address below for the balance before the due date.
**Camp is offered at a very low cost while providing a high level of expert staff. Thanks to the support of CARD and PALS this is possible. Processing fees enable us to apply full payment to the camp program.*

 Cardholder Signature

 Date
 (MM/DD/YYYY)

*Your completion of this authorization form helps us to protect you from credit card fraud.
 All information entered on this form will be kept strictly confidential.*

**Brevard PALS Tax ID: 01-0717788
 c/o Child & Family Consultants, Inc; 321-768-6800
 1800 Penn Street. Suite 12. Melbourne, FL 32901**

STOP: THE FOLLOWING PAGES MUST BE DONE IN FRONT OF A NOTARY

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PALS/UCF CARD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PALS/UCF CARD IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PALS/UCF CARD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I, the undersigned, assume all risks and hazards of the conduct of the program. In case of the unlikely event my child should be injured during this PALS subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Providing Autism Links & Support (PALS), their elected officials, and employees, the hosting entity, supervisors, or any volunteer connected with the program and hold them harmless of indemnification. In absence of a signature, participation in the program shall constitute acceptance of the conditions set forth in the release.

I DO grant full permission to use any photographs, videotapes, motion pictures, recordings, or any other record of this program for any purpose.

Camper's Full Name: _____

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The Program, PALS and CARD are not responsible for items brought from home. For the safety of your child, please have your child prepared for activities (e.g. no sandals, flip-flops, or open toed shoes). Please make sure that your child wears clothing that is secure since many activities require a high level of energy (e.g. running, hopping, etc.) and for protection.

I understand that my child (or self) may be dismissed from participation and I agree to remove my child (or self) within one hour of being notified of any violation of the Program Code of Conduct.

(Signature of Parent/Guardian)

Date

*I understand registrations may be submitted by mail or in person, and registrations by telephone will not be accepted. I understand that to register I must complete the enrollment application and send in payment for my child or children in full by May 22, 2017. (Incomplete applications and/or applications without proper camp fees will not be accepted.) I understand payments will be processed as they are received on a first come first serve basis, but this does not guarantee placement for my child. **I understand that if my balance owed is not received by May 22, 2017, my child will lose his/her slot in the camp program.** I understand there is a cancellation policy and no refunds will be made after May 31, 2017. **I understand that if my child cannot be served at the camp due to behaviors that may present a danger to self or others or that cannot be managed by staff, a refund check for any remaining time will not be issued.** I am aware this camp program is not a Brevard County Public School program.*

I hereby give my consent for _____ to participate in Camp 2 Can Brevard.
Child's name

In consideration of my child being permitted to participate in this Camp, I hereby release, waive, and discharge Camp 2 Can Brevard, its agents and employees from all liability for injuries, loss or damages, and any claims for damage on account of any injuries to my child or his/her property while participating in Camp2 Can Brevard. I have provided the program with information regarding all medications and all dosages required during program hours. I also agree to emergency treatment by a physician or hospital in the event that I cannot be reached.

Participant's Parent/Guardian _____

Date _____

MEDICATION RELEASE

Fill this section out ONLY if the child requires medication during camp hours. If not put **NA** here

I give permission for my child, _____, to have his/her oral medication administered to him/her during camp hours by a Camp 2 Can staff person.

My child will need the following medication(s) and dosage(s) administered during camp hours:

Medication	Dosage	Time
1. _____	_____	_____
2. _____	_____	_____

Camper's Full Name: _____

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3. _____

Special instructions for administering medication:

Camper's Parent/Guardian _____

Date _____

IF MEDICATION IS ADMINISTERED DURING CAMP HOURS:

Medication must be provided in its original container from pharmacy with dosage amount, directions, and prescribing physician name. If not, medication will not be administered.

TRAVEL RELEASE

I hereby grant permission for the above stated Camp participant to travel on a school bus for field trips to various locations. I understand that Camp personnel will provide supervision during transportation and field trips, and that one on one staffing is not possible. I understand that field trips depart on time per the schedule, and no one will accept my child at the camp location after the bus has left. I also understand no refunds will be provided for days on which my child has missed the bus for pool or field trips.

Participant's Parent/Guardian _____

Date _____

SWIM RELEASE

I hereby grant permission for the above stated Camp participant to swim in a community pool. I understand that campers will be tested for swimming ability on their first day of camp. Those campers that the counselors/pool staff feel are not competent swimmers will need to bring Coast Guard approved flotation devices which should be supplied by parents. I understand that no campers may stay behind at camp during field trips.

Participant's Parent/Guardian _____

Date _____

All camper registrations must be notarized.

<p>State of Florida County of _____</p> <p>The foregoing instrument was acknowledged before me this _____ day of _____, 2017 by _____ who is personally known to me and/or produced _____ as identification and did/(not) take an oath.</p> <p>_____</p> <p style="text-align: center;">Notary</p>
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Please make a photocopy of this completed application for your file.

Original notarized application and Registration/Payment forms must be returned to:

Brevard PALS
c/o Child & Family Consultants, Inc. 1800 Penn Street. Suite 12. Melbourne, FL 32901