



## Revised CAMP TWO-CAN 2018

### LOCATION / HOURS

St. Lukes United Methodist Church 4851 So. Apopka Vineland Road  
Orlando, FL 32819

Rooms: TBD

*For individuals registered with UCF CARD 13-24 years of age that do not require 1:1 but do require some extra support to be successful in a summer day program. Can work in a group of 8-12 with 1:3 ratio.*

Camp hours are: 9:00am – 3:00pm. **No early drop off or late pickup.**

### DEPOSIT

Deposits can be paid by credit card VISA/MASTERCARD or by check or money order made payable to PALS. A \$50.00 per week, per camper, deposit is due with the Enrollment Application. Deposits are deducted from the total camp costs for each week. Mail deposits and Enrollment Applications to:

PALS

P. O. Box 781458

Orlando, FL 32878-1458

DO NOT RETURN THIS PAGE KEEP FOR YOUR REFERENCE

### PAYMENT

The full payment for each week registered is due on or before June 08, 2018. Payments may be made by credit card VISA/MASTERCARD, or by check or money order made payable to PALS. Payments by credit card and completed (notarized) applications can also be faxed to 407-823-6012. There will be a \$35 fee for any checks returned for nonsufficient funds.

### CANCELLATIONS/REFUNDS/WAITING LIST

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 June 08, 2018, if a slot becomes available for your child to participate in Camp Two-Can. If a slot does not become available your deposit will be returned in full. No refunds will be made after **June 08, 2018. No exceptions. All cancellations must be in writing by June 08, 2018, either by email or post marked mail.** (Please note that it may take 4-6 weeks for a refund check to be processed) This includes non-attendance due to illness of camper or personal family situations. **A one-time \$30.00 Processing Fee will be deducted from any cancellation accepted by Camp TWO-CAN prior to June 08, 2018.**

### DISMISSAL FROM CAMP

Dismissal from camp may occur for any child if the camp staff and child's CARD Coordinator, after conducting a functional assessment and providing behavior strategies, determines that the adult-child ratio cannot support the safety of the child or 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.** If a camper is dismissed, fees paid will be refunded, minus the deposit(s)/and or costs per day that child was in camp.

### TRANSPORTATION

Transportation will not be provided for daily pick-up and drop off to the camp. Transportation is provided for outings/weekly field trips via buses contracted with OCPS. The cost is included in the weekly camp fee.

### ACTIVITIES

Activities for all campers will consist of: Arts & Crafts, Music & Movement, General Play Activities, Outdoor games/activities, Swimming, and Weekly Field Trips. All costs for activities is included in your camp fee.

### WHAT DO THE CAMPERS NEED TO BRING WITH THEM DAILY?

Closed-toed shoes, preferably sneakers, are to be worn at all times, except during water activities. Please do not send child to camp wearing flip-flops, sandals, or barefoot. Campers should bring sunscreen, insect repellent, a towel, a change

of clothes, lunch, and snacks. If your child **cannot** swim, please send a **Coast Guard approved** life jacket. **Please label everything that is brought to Camp with your child'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. **Camp Two Can T-shirts need to be worn on field trips.**

### **DO NOT BRING!**

Campers **must not bring** the following items to camp: glass containers, pets, personal toys, cell phones, iPods, iPads (unless it is a communication device), electronic games, or weapons of **any kind**.

### **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 complete a Medication Release** Form. 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.

### **MEDICAL POLICY**

While we realize families may pursue a variety of medical and/or biological treatments, as well as medication changes, camp is not a good time to try new treatments/medications. Based on our previous experience, Camp Two Can cannot support campers who are in active biomedical treatments and/or undergoing medical trials; such as chelation, IVIG, NAET, etc. We appreciate your cooperation and understanding.

### **FOOD AND BEVERAGE**

- Each child needs lunch, a snack and beverages packed every day.
- All food must be non-refrigerated food
  - *\*Food will be stored indoors, but you may want to supplement with an ice pack.*
- No microwaveable food items.
- Pack utensils.
- Please provide plenty of liquids for your child to stay hydrated
- Parents will be notified in advance of any field trips where lunch or snack can be purchased or is provided

**DO NOT RETURN THIS PAGE KEEP FOR YOUR REFERENCE**



# CAMP TWO CAN APPLICATION

1 application per child

Office Use Only			
Received:	_____		
Sent for Approval:	_____		
Approved:	_____		
Input:	_____		
Charged Deposit:	_____		
Charged Balance:	_____		
WK1	WK2	WK3	WK4
AS	AM	AL	AXL

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: \_\_\_\_\_

### Parent/Guardian Information

Name	_____	Name	_____
Home Phone	_____	Home Phone	_____
Work Phone	_____	Work Phone	_____
Email	_____	Email	_____
Cell/Pager	_____	Cell/Pager	_____
Address	_____	Address	_____
City, State Zip	_____	City, State Zip	_____

### Emergency Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact # \_\_\_\_\_

### People permitted to pick up your child

1. Name: \_\_\_\_\_ Contact # \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact # \_\_\_\_\_

### Medical Background: Please see our policy on medical treatments on page 5

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have a disability? 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: \_\_\_\_\_

Other special Conditions: \_\_\_\_\_

Allergies to drugs, foods, insects? Yes No If yes, what: \_\_\_\_\_

Is child on special diet? Yes No If yes, please explain: \_\_\_\_\_

Is child taking medication? Yes No NOTE: all medications your child is taking **MUST** be listed even if they are not administered during camp hours. If given during camp hours please complete and sign the Medication Release in this packet

Last Tetanus shot date: \_\_\_/\_\_\_/\_\_\_

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Male Female

Medical Insurance Company for Child: \_\_\_\_\_

Insurance Company Phone: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**Communication: Please send to camp any communication system used with child**

My child: \_\_\_ is nonverbal \_\_\_ has some language \_\_\_ is fully verbal \_\_\_ uses a device  
\_\_\_ uses Picture Symbols \_\_\_ uses a Communication Board \_\_\_ uses Sign Language  
\_\_\_ points \_\_\_ goes and gets item \_\_\_ cries \_\_\_ other \_\_\_\_\_

**Major Likes** - List things that your child really likes or enjoys. Example: play dough, books, animals, etc.

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

**Major Dislikes** - List things that your child does not like or tends to avoid. Example: loud noises, water, sand.

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

**Fears** - List things that your child is afraid of. Example: animals, thunder, rain, men with hats, etc.

- 1. \_\_\_\_\_ 5. \_\_\_\_\_
- 2. \_\_\_\_\_ 6. \_\_\_\_\_
- 3. \_\_\_\_\_ 7. \_\_\_\_\_
- 4. \_\_\_\_\_ 8. \_\_\_\_\_

In order for our experienced staff to safely support and manage your child at camp and in the community, **all** of your child’s current or potential behaviors that may adversely affect him/her or others, must be identified.

PLEASE NOTE: Campers must be able to be managed in a **1:4 staff to camper ratio** and manageable in a group setting of 08-12 campers (i.e. field trips).

**Behaviors:** List any behaviors that may occur at camp. **Include a copy of your child’s IEP and individual behavior plan (if applicable) with the completed application form.** Your child’s CARD coordinator may be requested to observe your child in group environments to assure your child meets the camp eligibility criteria.

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Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_  Male  Female

**MEDICATION RELEASE**

I give permission for my child, \_\_\_\_\_, to have his/her oral medication administered to him/her during camp hours by a Camp TWO-CAN staff person. I understand the medication MUST be sent in the original bottle otherwise medication cannot be dispensed.

My child DOES NOT require medication administered during camp hours.

**Please list any medications that your child is taking event if it is NOT during camp hours. In case of emergency we must know this.**

<i>Medication</i>	<i>Dosage</i>	<i>Time</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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We understand St. Lukes United Methodist will require a release form to be signed to participate.

**STOP the next 2 pages must be done in front of a notary.**

**Release Forms**

**Must be signed and dated in front of a notary and notarized. Applications without a notary will not be accepted.**

*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 a \$50 **per week per camper** deposit. (Incomplete applications and/or applications without proper deposits 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 June 08, 2018, my child will lose his/her slot in the camp program and may forfeit any funds paid. I understand there is a cancellation policy and no refunds will be made after June 08, 2018. 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 weeks will be issued. I am aware this camp program is not a County Public School program.*

I hereby give my consent for \_\_\_\_\_ to participate in Camp TWO-CAN.  
*Child's name*

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.

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.

Participant's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

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TRAVEL RELEASE

*I hereby grant permission for the above stated Camp participant to travel on a bus for swimming and on 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 \_\_\_\_\_

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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 swim or field trips.*

Participant's Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**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.**

State of Florida

County of \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
2018 by \_\_\_\_\_  
who is personally known to me and/or produced \_\_\_\_\_  
as identification and did/(not) take an oath.

\_\_\_\_\_  
Notary

*Please make a photocopy of this completed application for your file.*

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

**PALS**

**P. O. Box 781458**

**Orlando, FL 32878-1458**

**Ph: 407-823-6011 or 888-558-1908**

**Fax: 407-823-6012 Email: pals.florida@gmail.com**

Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Male

Female

**PAYMENT FORM**

Weeks	Total
June 25-29, 2018 _____ \$250.00	\$ _____
July 09-13, 2018 _____ \$250.00	\$ _____
July 16-20, 2018 _____ \$250.00	\$ _____
July 23-27, 2018 _____ \$250.00	\$ _____
<b>TOTAL .....</b>	<b>\$ _____</b>

**Deposit Due Now .....** \$50.00 x \_\_\_\_\_ week(s) x \_\_\_\_\_ # of campers =  
\$ \_\_\_\_\_ **Balance Due June 08, 2018**

..... **CAMP TWO-CAN SHIRT** ..... \$ \_\_\_\_\_

*Please check your child's camp T-shirt size. Your child will be provided with 1 camp T-Shirt.*  
**Please have your child wear their Camp 2 Can shirt on field trip day.**

**ADULTS :** small      medium      large      x-large

**CREDIT CARD AUTHORIZATION**

Card Type:    \_\_\_ VISA    \_\_\_ MasterCard    \_\_\_ Discover    \_\_\_ Amex

Credit Card Number: \_\_\_\_\_

Expiration Date:    \_\_\_\_ / \_\_\_\_    VID Code:    \_\_\_\_\_ (three digits on back of card)\*\*4digits 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 **June 08, 2018**.

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.*

**PALS, Inc. Tax ID: 01-0717788**