



Prevocational Adventure Camp

Location:
TBD Melbourne, FL

Camp dates:
March 16 – 20, 2026
Monday-Friday
8:30 - 2:00

About Prevocational Adventure Camp

Prevocational Adventure Camp is a spring break camp designed to provide teenagers with autism, ranging in age from **14 – 22**, an opportunity to learn core job skills. Prevocational Adventure Camp will be held for the week of March 16 - 20, 2026 during the Brevard County School System Spring Break.

This program was developed in response to limited options and high demand for a Spring Break program where high functioning teenagers with ASD and Asperger's can explore their talents and interests. Learn employability skills, vocational skills, self-care and grooming, social skills on the job, completing job applications, and mock interviews.

Prevocational Adventure Camp. The maximum number for this camp is 15 participants for the week. If the camp is full when you apply, you will be added to our waiting list.



Prevocational Adventure Camp

Prevocational Adventure Camp 2026

Enrollment Application

Name of Child: _____ Birth Date: _____ Male Female

** A separate Enrollment Application must be completed for each child.*

CARD Coordinator's Name (if applicable): _____

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/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

REGISTRATION/PAYMENT

The above-named individual will be attending Prevocational Adventure Camp March 16- 20, 2026 at a cost of \$200*.

CAMPER T-SHIRT SIZE

ADULT _____ Small _____ Medium _____ Large _____ X-Large



Prevocational Adventure Camp

The following sections must be read and initialed. 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

Locations in Melbourne are currently being reviewed and as soon as it is finalized, participants will be notified immediately. Camp hours are Monday – Friday from 8:30am – 2:00pm.

*** NO early drop-off or late pick-up, we appreciate your help with this. ***

TRANSPORTATION

Transportation **will not** be provided for daily pick-up and drop-off.

ACTIVITIES

Activities for all campers will consist of:

- Employability Skills and Job Applications
- Vocational Skills
- Self-Care and Grooming
- Social Skills on the job
- Mock Interviews

WHAT DO THE CAMPERS NEED TO BRING DAILY?

- **Closed-toed shoes**
- Lunch, snacks, and water/drinks (every day unless otherwise specified)
- **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.

DO NOT BRING/WEAR!

Campers **must not bring/wear** the following items to camp:

- glass containers
- flip-flops, sandals, or barefoot
- pets
- personal toys
- cell phones, iPods, or electronic games (**MUST BE KEPT IN BACKPACK**)
- Weapons of **any kind**.

FOOD AND BEVERAGE

- Each child 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 an ice pack).
- Please pack necessary utensils, napkins, plates, etc.
- **INDICATE GLUTEN OR DAIRY ALLERGIES**

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.



Prevocational Adventure Camp

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. **PLEASE NOTE:** Any current medications your child is taking **MUST** be listed on this form under, "Medications Dosages" section even if it 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, **Prevocational Adventure Camp** 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 or by check or money order made payable to Brevard Autism Coalition. A \$50.00 per camper deposit is due with the Enrollment Application. Deposits are deducted from the total camp costs. Deposits will be made via Paylink*

PAYMENT

The full payment for Camp is due on or before Friday, February 28, 2026. Payments will be made by credit/debit card via Paylink* which will be emailed/text to you for your specific camper.

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. If the number of applicants exceeds 12 per week, your child will be placed on a waiting list and you will be notified by February 28, 2026, to participate in **Prevocational Adventure Camp**. No refunds will be made after **March 7, 2026**. **No exceptions.** 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 Prevocational Adventure Camp**

DISMISSAL FROM CAMP

Dismissal from camp may occur for any camp participant 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.**



Prevocational Adventure Camp

All About Me

Please use this page to tell the camp staff about your camper.

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

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

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

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

Communication- Please send any communication system used with your camper.

☐ Nonverbal ☐ Some Language ☐ Fully Verbal ☐ Device
☐ Sign Language ☐ Picture Symbols ☐ Communication Board

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

For Prevocational Adventure Camp staff to safely support and manage your child at camp and in the community, we need to know about any behaviors that may adversely affect his/her ability, and others', 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 15 campers.

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. _____



Prevocational Adventure Camp

Medical Background:

***All areas on this form must be completed.**
An incomplete medical form will result in an incomplete camp application.

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: _____
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, please complete and sign the Medication Release in this packet. All current medications must be listed here, even if they are not going to be administered during camp hours. In case of emergency, it is critical that camp staff know about any medication a camper may be taking.



Prevocational Adventure Camp

Please list all medications and dosages: (ALL current medications must be listed on this form even if not administered during camp hours)

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

If additional information is needed please use an additional paper. All of this information is required and very important. Your child's safety & welfare is our number 1 concern at all times.

MEDICATION RELEASE

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

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

MEDICATION	DOSAGE	TIME

Special instructions for administering medication:

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.



Prevocational Adventure Camp

WAIVERS/RELEASE FORMS

(Page 1 of 2)

Release Forms for participation are required by the state of Florida for any individual participating in any activity under Status 744.301 and by each entity.

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 BREVARD AUTISM COALITION(BAC) 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 BAC 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 BAC 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 BAC subsidized program, I do hereby waive all claims or legal actions, financial, or otherwise against UCF Center for Autism and Related Disabilities (CARD), Child and Family Consultants, Inc. their elected officials, and employees, supervisors, or any volunteers or contracted individuals/corporation/entities 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 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 if I cannot be reached.

The Program, BAC 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.



Prevocational Adventure Camp

WAIVERS/RELEASE FORMS

(Page 2 of 2)

I understand that to register I must complete the Enrollment Application and send in payment for my child or children in full by Friday February 28, 2026 (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 Friday February 28, 2026, 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 March 7, 2026. 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, no refunds will be given. I am aware this camp program is not a Brevard County Public School program.*

I hereby give my consent for _____ to participate in
Brevard Autism Adventure Camp. (Child's name)

Participant's Parent/Guardian _____
Date _____

PHOTO RELEASE

I hereby grant permission for the above stated Camp participant to appear in still or motion pictures for educational, promotional, or other proper purposes only. ___Yes ___No

Participant's Parent/Guardian _____
Date _____

TRAVEL RELEASE

I hereby grant permission for the above-mentioned Camp participant to travel on a School Wheels Direct 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 _____



Prevocational Adventure Camp

Payments:

Upon approval of your application, Brevard Autism Coalition, Inc. will send you a Paylink. Use this Paylink to securely input your Credit/Debit Card information and conveniently make the online payment for your account. If the camp reaches full capacity, you will be notified via email by Brevard Autism Coalition, Inc., indicating that your camper has been placed on the waitlist.

**Camp is offered at a very low cost while providing a high level of expert staff. Thanks to the support of CARD and BAC this is possible. Processing fees enable us to apply full payment to the camp program.*

Cardholder Signature

Date
(MM/DD/YYYY)

All information entered on this form will be kept strictly confidential.

Brevard Autism Coalition, Inc. Tax ID: 84-2754647