

Camper's Full Name: _____



CAMP 2 CAN 2023

Child & Family Consultants, Inc.



Parent or Guardian's Full Name: _____

Emergency Contact Name & Phone Number: _____

Camp 2 Can 2023

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

Location:

1800 Penn Street, Suite 12

Melbourne, FL 32901

(321) 768-6800

Monday – Friday 8:30 a.m. – 2:00 p.m.

No early drop-off or late pick-up please!

\$250.00 per week

About Camp 2 Can

Camp 2 Can is a summer camp dedicated to the provision of creativity, socialization, and personal growth experiences by individuals with Autism Spectrum Disorders. Camp 2 Can will be held for 6 weeks this summer for individuals with ASD ranging 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 Autism Coalition, a non-profit group dedicated to supporting families in the Brevard County area.

Camp 2 Can 2023 Enrollment Application

Name of Child: _____ DOB _____ Male _____ Female
School Name: _____ Grade _____ Teacher's Name: _____
Teacher's Phone: _____ Teacher's Email: _____

Parent/Guardian Information

Name: _____ | Name: _____
Home Phone: _____ | Home Phone: _____
Work Phone: _____ | Work Phone: _____
Cell Phone: _____ | Cell Phone: _____
Email: _____ | Email: _____
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: _____ Mother/Guardian Contact # _____ Pick up Y/N
3. Name: _____ Mother/Guardian 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.**

Physicians Name: _____ Phone #: _____

Last Tetanus shot date: _____ Medical Insurance Company for Child: _____

Insurance Company Phone #: _____ Policy Number: _____

Does your child have a disability? _____ Y _____ N If yes, what disability: _____

Does your child have a chronic illness? _____ Y _____ N If yes, what illness: _____

Any physical Restrictions/limitations? _____ Y _____ N If yes, what limitation: _____

Is your child subject to seizures? ___ Y ___ N Type? _____ Frequency? _____

Is your child subject to blood sugar level issues? ___ Y ___ N If yes, low or high? _____

Other special conditions we need to be aware of: _____

Is your child on a special diet? ___ Y ___ N If yes, please explain: _____

Does your child require assistance while eating? ___ Y ___ N If yes, please explain: _____

Any allergies to drugs, food, insects, etc.? ___ Y ___ N

Your child **MUST** be toilet trained _____ (please initial)

Is your child taking medication? ___ Y ___ N

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

Please list all medications and dosages:

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

Camper **WILL NEED** medication provided during camp hours: ___ Y ___ N

Camper **WILL NOT NEED** medication provided during camp hours: ___ Y ___ N

Registration/Payment

Please check the weeks you wish your child to attend camp.

Camp fee is \$250.00 PER WEEK

Week 1: June 5 – June 9

Week 4: June 26 – June 30

Week 2: June 12 – June 16

Week 5: July 10 – July 14

Week 3: June 19 – June 23

Week 6: July 17 – July 21

Total \$: _____

Balance Due by June 2, 2023

No Camp Week of 4th of July

Camp Tee-Shirt Size:

Child Small _____ Adult Small _____

Child Medium _____ Adult Medium _____

Child Large _____ Adult Large _____ Adult XL _____ Adult XXL _____

Credit Card Authorization

Credit Card Number _____ Exp. Date _____

Cardholder Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Email Address: _____

I, Cardholder listed above, hereby authorize Brevard Autism Coalition to charge my credit card account the deposit amount of \$50.00

Balance remaining to be charged on June 2, 2023 in the amount of: \$ _____

Cardholder Signature _____ Date: _____

Your completion of this authorization form helps us to protect you from credit card fraud.

All information on this form will be kept strictly confidential.

Camper's Full Name: _____

Camp 2 Can 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 22 participants per week. If camp is full when you apply, you will be added to our waiting list.

By initializing each section below, 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.

_____ **Location/Hours:** Child and Family Consultants 1800 Penn Street Suite 12, Melbourne, FL 32901
Camp Hours are Monday through Friday from 8:30 a.m. to 2:00 p.m. No early drop off or pick up please.

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

_____ **Activities:** Activities for all campers will consist of:

- Arts & Crafts
- Music & Movement
- General play activities
- Social Skills instruction and development
- Outdoor games and activities
- Beach and Parks
- Field Trips
- Prevocational opportunities for teenagers and young adults

_____ **What do the campers need to bring with them daily?**

- Closed-toed shoes
- Sunscreen and insect repellent
- Beach towel for morning stretch outside, and a towel and bathing suit on water days
- Change of clothes
- Lunch, snacks, water and drinks (every day unless otherwise specified)
Lunches should be in either a Ziplock bag or brown paper bag

_____ **What campers 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 beverage packed every day, unless otherwise specified.
- All food must be non-refrigerated food (food will be stored indoors, you may supplement with a cooler or ice pack)
- Please do not send microwavable food items
- Please pack necessary utensils, plates, etc.
- Parents will be notified of any opportunities where lunch or snack can be purchased or is provided.

_____ **Lost & 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 (page 3). 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 instructions, and prescribing physicians' name. If your child is taking any medication, it must be listed 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 child, 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 previous experience, Camp 2 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 with this policy.

_____ **Deposits:**

Deposits can be paid by Credit Card, Cash, Check or Money Orders made payable to Brevard Autism Coalition. A \$50.00 per camper deposit is due with the enrollment application at the time of registration to hold your child's spot in camp. Deposits are deducted from the total camp costs. Registration fills up quickly.

Mail or bring deposits and enrollment applications to:

Brevard Autism Coalition
c/o Child and Family Consultants
1800 Penn Street, Suite 12
Melbourne, FL 32901

_____ **Payment:**

The full payment for camp is due on or before Friday, June 2, 2023 before the first day that camp begins.

_____ **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 June 5, 2023 if a slot becomes available for your child to participate in Camp 2 Can. If the number of applicants exceeds 22 per week, your child will be placed on a waiting list and you will be notified of the status. No refunds will be made, no exceptions. This includes non-attendance due to illness of the camper or personal family situations.

_____ **Camp 2 Can is best suited for:**

A camper that is toilet trained, that can work well in a small group of 1:4 ratio, one who is non-aggressive and does not have major transition issues, one who can feed himself, dress themselves with little assistance, and can follow the rules.

_____ **Dismissal from Camp:**

Dismissal from camp may occur for any 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.**

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 BREVARD AUTISM COALITION USUES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IA A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS DANGEROUS 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 BREVARD AUTISM COALITION 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 THIS ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND BREVARD AUTISM COALITION HAS THE RIGHT TO REFUSE TO ALLOW YOUR CHILD TO PARTICIPATE IF YOU DO NOT SIGN.

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 Brevard Autism Coalition subsidized program, I do hereby waive all claims or legal actions, financial aspects of Brevard Autism Coalition, their elected officials, 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 this release.

The program, Brevard Autism Coalition, is not responsible for items brough from home. For the safety of your child, please have your child prepared for activities **(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 (running, hopping, etc.) and for protection.

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

_____ 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.

Travel Release

I hereby grant permission for the above Camp participant to travel on a school bus or 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 missed the bus for field trips.

Participant's Parent/Guardian: _____ Date: _____