

CAMP TWO-CAN 2009

Camp Information Sheet

ABOUT CAMP TWO-CAN

Camp TWO-CAN will be a four-week program (July 13 – August 7, 2009) for children with and without autism spectrum disorders (ASD) in the Central Florida area. The camp is for children between the ages of 5-16. This program was developed in response to the limited options and high demand for appropriate summer programs where children with autism spectrum disorders can interact with other children. Funding for the camp is subsidized through PALS (Providing Autism Links and Supports), a non-profit group. Campers with ASD must be registered with the UCF Center for Autism and Related Disabilities.

Camp TWO-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 2-3 adults who are experienced in working with children with autism. Maximum number for each camp location is 25 children. If camp weeks are full when you apply, you can be added to our waiting list.

LOCATION / HOURS

Camp TWO-CAN will have two locations for Summer 2009.

West Camp TWO-CAN – Windermere Baptist Church- 300 Main Street, Windermere, FL 34786

East Camp TWO-CAN – South Seminole Christian Church – 300 W. SR 434, Oviedo, FL 32765

Camp hours are: Monday – Friday from 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 \$30.00 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:

Camp TWO-CAN

c/o UCF-CARD

12001 Science Drive, Suite 145

Orlando, FL 32826

PAYMENT

The full payment for each week registered is due on or before July 3, 2009. 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 407-737-2571 (see pages 4 and 5).

CANCELLATIONS/REFUNDS

Pre-paid fees will be refunded for cancellations if a written request is **postmarked** on or before **June 26, 2009**. No refunds will be made after **July 8, 2009**. **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 Camp TWO-CAN.**

DISMISSAL FROM CAMP

Dismissal from camp may occur for any child if the camp staff, 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.**

TRANSPORTATION

Transportation **will not** be provided for daily pick-up and drop off. Transportation is provided for outings/weekly field trips.

ACTIVITIES

Activities for all campers will consist of:

- Arts & Crafts
- Music & Movement
- General Play Activities
- Outdoor games/activities
- Swimming
- Weekly Field Trips

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, or they will be sent home. 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.

DO NOT BRING!

Campers **must not bring** the following items to camp: glass containers, pets, personal toys, cell phones, iPods, 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.

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 inside, so you may want to supplement with an ice pack).
- No microwaveable food items.
- Pack utensils.
- Parents will be notified of any field trips where lunch or snack can be purchased or is provided

MEDICAL POLICY:

While we realize families may pursue a variety of medical and/or biological treatments, as well as medication tapers, 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.** We appreciate your cooperation and understanding.

CAMP TWO-CAN 2009

Enrollment Application

Name of Child: _____ **Birth Date:** _____ **Male** **Female**

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

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 _____

Check each week you are requesting your child/children to attend:

Dates Requested/Approved	1 st Child	2nd Child	Total
July 13-17, 2009	____/____ \$200.00	____/____ \$175.00	\$_____
July 20-24, 2009	____/____ \$200.00	____/____ \$175.00	\$_____
July 27-31, 2009	____/____ \$200.00	____/____ \$175.00	\$_____
Aug 3-7, 2009	____/____ \$200.00	____/____ \$175.00	\$_____
TOTAL			\$_____

Deposit Due Now \$30.00 x _____ week(s) x _____ # of campers = \$_____

Balance Due July 3, 2009 \$_____

Check which camp your child/children will attend _____ West Side: Windermere Baptist Church
 _____ East Side: South Seminole Christian Church

**Complete Credit Card Authorization Form or make funds payable to PALS and mail to:
 Camp TWO-CAN • c/o UCF CARD • 12001 Science Drive, Suite 145 • Orlando, FL 32826**

Please circle your child's camp T-shirt size: KIDS - small medium large ADULTS – small medium large x-large

MEDICAL BACKGROUND: PLEASE SEE OUR POLICY ON MEDICAL TREATMENTS-PREVIOUS PAGE

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: If yes, please complete and sign the Medication Release in this packet.

Last Tetanus shot date: ____/____/____ Is child receiving? chelation IVIG NAET Other (specify) _____

Medical Insurance Company for Child: _____

Insurance Company Phone: _____ Policy Number: _____

Emergency Information

1. Name: _____ Relationship: _____
 Work Phone: _____ Home Phone: _____

2. Name: _____ Relationship: _____
 Work Phone: _____ Home Phone: _____

People permitted to pick up your child

1. Name: _____ Phone _____
 2. Name: _____ Phone _____

Communication: Please send any communication system used with child.

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, says "red" for "juice," etc.

Major Likes - List things that your child really likes. 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 to avoid. Example: loud noises, water, sand, etc.

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

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

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

Behaviors: List any minor behaviors that may occur at camp. **Include a copy of your child's individual behavior plan (if applicable) with the completed application form.**

1. _____ 5. _____
 2. _____ 6. _____
 3. _____ 7. _____
 4. _____ 8. _____

CAMP TWO-CAN 2009

Release Forms

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 \$30 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, but this does not guarantee placement for my child. Registration is on a first come, first served basis. A refund check for any remaining weeks will be issued 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. I understand that if my balance owed is not received by July 3, 2009, 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 July 8, 2009. 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

In consideration of my child being permitted to participate in this Camp, I hereby release, waive, and discharge Camp TWO-CAN, 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 Camp TWO-CAN. 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 _____

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 stated Camp participant to travel on a school 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 _____

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 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 counselor.

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

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

Special instructions for administering medication:

Camper'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.

All Camper registrations must be notarized.

State of Florida
 County of _____

The foregoing instrument was acknowledged before me this _____ day of _____, 2009 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 must be returned to:
 Camp TWO-CAN
 c/o UCF CARD
 12001 Science Drive, Suite 145
 Orlando, FL 32826**

CAMP TWO-CAN 2009

CREDIT CARD AUTHORIZATION FORM

Card Type: VISA MasterCard Discover

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____ (three digits on back of card)

Card Holder (as appears on credit card): _____

CREDIT CARD BILLING ADDRESS

Name: _____

Organization: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email: _____

I, Card Holder listed above, hereby authorize Providing Autism Links & Support, Inc. (PALS, Inc.) to charge my credit card account in the amount of: \$ _____ + a \$5.00 service fee = \$ _____

Card Holder 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*

Return this form along with the original notarized application to:

**Camp TWO-CAN
c/o UCF CARD
12001 Science Drive, Suite 145
Orlando, FL 32826**

Ph: 407-737-2566 or 888-558-1908

Fax: 407-737-2571

Email: ucfcard@mail.ucf.edu