

*Self-Advocacy • Leadership • Independent Living  
Wellness • Career Preparation • Building Friendships  
Art • Theater • Music • Enjoying the Adirondacks*

# TRANSITIONS

*One-Week Experiences  
for youth and young adults with  
learning differences*



Join us for programs that focus on transitioning from school and home to independent living and building an exceptional life for young adults with autism and learning differences.

High school students and young adults are welcome to attend for a week of informative seminars and fun with peers.



[transitionsusa.org](http://transitionsusa.org)  
[info@transitionsusa.org](mailto:info@transitionsusa.org)

# TRANSITIONS

## ONE-WEEK EXPERIENCES APPLICATION FORM

*Dates, prices and locations listed on [www.transitionsusa.org](http://www.transitionsusa.org)*

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**Are you registering as:**  an individual  with a group | List group name: \_\_\_\_\_

### Camp Information:

Dates: \_\_\_\_\_

Camp Name: \_\_\_\_\_

Location:  Mayfield  Albany  Cobleskill

**Camp Type:**  One Day  Day only  Residential option (includes room and board)

### TELL US ABOUT YOU!

Camper's Full Name: \_\_\_\_\_

Preferred Name/Nickname: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronoun: \_\_\_\_\_

What do you do during the day? (school, college, work, home, etc.): \_\_\_\_\_

Interests and Hobbies: \_\_\_\_\_

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What would you like us to know about you?: \_\_\_\_\_

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What we can do to make your stay more enjoyable?: \_\_\_\_\_

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Do you need any special accommodations? How can we best support any needs you may have? \_\_\_\_\_

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Please list any medications you take and if you require support to take them: \_\_\_\_\_

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Please list any special medical or dietary needs: \_\_\_\_\_

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Please list any learning accomodation needs: \_\_\_\_\_

## ACCESSIBILITY OPTIONS

If you require an alternative format not addressed below, please contact Terry Williams at (518) 775-5384 or [admissions@transitionsusa.org](mailto:admissions@transitionsusa.org). Reasonable efforts will be made to accommodate you if your request is received at least one month prior to the program start date.

Sign Language Interpreter       Compact Disc (CD)       Braille  
 Large Print       Other: \_\_\_\_\_

## REGISTRATION INFORMATION

A \$50 deposit per program is required to hold registration; invoices for full payment will be sent one month prior to the start date.

Total Due: \_\_\_\_\_ Number of Camps: \_\_\_\_\_

Deposit Paid: \_\_\_\_\_

### Method of Payment:

Checks for any payments to Transitions (deposit, registration, etc.) must be made payable to **The Lexington Foundation.**

Personal Check | Check Number: \_\_\_\_\_

Purchase Order | P.O. Number: \_\_\_\_\_

Credit Card:     Visa       MasterCard

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

3-Digit Security Code (back of card): \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name (as it appears on credit card): \_\_\_\_\_

Signature: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_


# WHAT TO BRING

- Favorite pillows or personal items
  - Toiletries
- Outside gear appropriate for the weather
  - Sneakers
- Professional outfit for internship/classes

*More details can be found at [www.transitionsusa.org](http://www.transitionsusa.org).*

A completed application and any additional requirements can be submitted by emailing: [admissions@transitionsusa.org](mailto:admissions@transitionsusa.org).

Or by mail or fax to:

  
TRANSITIONS  
**TRANSITIONS**  
P.O. Box 196  
Mayfield, NY 12117  
Phone: (518) 775-5384  
Fax: (518) 725-4519

Checks for any payments to Transitions must be made payable to **The Lexington Foundation**.

If you have questions or require assistance, please contact (518) 775-5384, 9am-4pm, EST.

*Updated January 2023*



P.O. Box 196 | 2736 NY-30 | Mayfield, NY 12117  
2 Tower Place | Stuyvesant Plaza | Albany, NY 12203  
P.O. Box 880 | 106 Suffolk Circle | Cobleskill, NY 12043

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*PREPARING TEENS AND YOUNG ADULTS AGES 15-27 WITH AUTISM  
AND LEARNING DIFFERENCES FOR COLLEGE, CAREER AND LIFE*