



**In partnership with**



Albert & Ann Deshur  
JCC Rainbow Day Camp

**are excited to bring you**  
**2022 Adult Summer Day Camp**

**Deadline to Return: May 15, 2022**

- Applicants must be 18 or older.
- All areas must be filled out for applications to be processed.
- Applications can be mailed to or dropped off at:

Easterseals Southeast Wisconsin  
6737 W. Washington St. Suite 4205  
West Allis, WI 53214

Or emailed to Lauren, Adult Recreation Supervisor - [laurend@eastersealswise.com](mailto:laurend@eastersealswise.com)

# Easterseals & JCC Rainbow Summer Camp Application

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Please attach one recent photo (2" x 3")  
It will be used for participant identification

## APPLICANT INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Attended Easterseals Respite camps before? YES \_\_\_\_\_ NO \_\_\_\_\_

Age of applicant at time of camp? \_\_\_\_\_ Primary language spoken in the home: \_\_\_\_\_

### Disability

(indicate all that apply to the applicant)

- |   |   |
|---|---|
| <input type="checkbox"/> Autism                     | <input type="checkbox"/> Learning Disability  |
| <input type="checkbox"/> Down Syndrome              | <input type="checkbox"/> Physical Disability  |
| <input type="checkbox"/> Cerebral Palsy             | <input type="checkbox"/> Speech/Language      |
| <input type="checkbox"/> Attention Deficit Disorder | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Cognitive Disability       | <input type="checkbox"/> Rett Syndrome        |
| <input type="checkbox"/> Hearing Impairment         | <input type="checkbox"/> Other: _____         |

Degree of Disability  Mild  Moderate  Severe

### Physical Limitation:

(Check all that apply)

- |                                     |                                     |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Speech     |
| <input type="checkbox"/> Hearing    | <input type="checkbox"/> Spasticity |
| <input type="checkbox"/> Prosthesis | <input type="checkbox"/> None       |
| <input type="checkbox"/> Sight      |                                     |

### Heritage:

- African American
- Asian
- Caucasian
- Hispanic
- Native American
- Other: \_\_\_\_\_

### Household Income:

Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources.

- \$0 - \$20,000
- \$20,001 - \$29,000
- \$30,000 - \$39,000
- \$40,000 - \$49,000
- \$50,000 - \$59,000
- More than \$60,000

Are any of the applicant's immediate family on active duty for any branch of the military (including the National Guard and Reserve):  Yes  No

Number of people in your family: 1 2 3 4 5 6 7+

## GUARDIAN/CAREGIVER CONTACT INFORMATION

Relationship: Parent/legal guardian \_\_\_\_\_ Group home manager, caseworker, etc. Other \_\_\_\_\_ Name: \_\_\_\_\_

Group Home Name: \_\_\_\_\_

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

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

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact 1 : Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Contact 2 : Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

# Parent or Guardian Consent

Applicant's Name: \_\_\_\_\_

Please read and check the appropriate boxes for each area.

The Care Information form is complete to my knowledge, and the applicant listed has permission to engage in all recreational activities and field trips, except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the recreation supervisor, or by his/her designated staff, to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery only if I cannot be reached immediately.

\_\_\_\_ Yes      \_\_\_\_ No

I understand that Milwaukee County Office for Persons with Disabilities and Easterseals Southeast Wisconsin are not responsible for lost, stolen or damaged personal articles brought to the camp sites. I understand that Easterseals of Southeast Wisconsin is not responsible for injury to participants, while at summer camp programming.

\_\_\_\_ Yes      \_\_\_\_ No

Photo Release: I grant permission to Easterseals Southeast Wisconsin to photograph and videotape me/my ward engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials may be released to the general public.

\_\_\_\_ Yes      \_\_\_\_ No

I consent that the applicant can use the following supervised pools at their campsite or on an outing. **These pools are pools at JCC Rainbow Day Camp, and are supervised by certified Life Guards.**

\_\_\_\_ JCC Rainbow Camp Pool/ Swimming Pond

I hereby give consent to Easterseals Southeast Wisconsin staff to:

- Use cleansing tissues and/or powder or lotion when changing diapers      \_\_\_\_ Yes      \_\_\_\_ No
- Apply sunscreen/bug spray that is sent with camper on a daily basis      \_\_\_\_ Yes      \_\_\_\_ No
- Administer medications according to physician's instructions      \_\_\_\_ Yes      \_\_\_\_ No
- Perform special medical care (g-tube feeding, catheterization) as I have instructed      \_\_\_\_ Yes      \_\_\_\_ No

A signature indicates agreement of the above statement. Any applicant age 18 or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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# CARE INFORMATION

Please fill in all areas completely!

Applicant's Name: \_\_\_\_\_

Applicant lives with: \_\_\_\_\_ Goes to school/work at: \_\_\_\_\_

Please indicate any allergies here: \_\_\_\_\_

## Seizure Disorders:

- Does Not Apply       Non-convulsive (Petit mal)  
 Nocturnal       Tonic/Clonic (Grand mal)  
 Psychomotor       Mixed

Seizure Frequency: \_\_\_\_\_ Length of seizure: \_\_\_\_\_

Date of seizure: \_\_\_\_\_

How are seizures handled at home? \_\_\_\_\_

## Eating:

Normal appetite:     Large     Medium     Small

Diet:     Standard     Chopped Food     Blended/Pureed

G-tube     Gluten-Free     Dairy

Other: \_\_\_\_\_

Is applicant able to indicate the amount of food and liquid intake he/she needs?  Yes     No

## Eating accommodations:

Needs total assistance

Straw

Clothing protector

Adaptive utensils

## Applicant able to feed self with:

No help

Some assistance

Explain \_\_\_\_\_

Special Instructions (attach separate paper if necessary): \_\_\_\_\_

Attach the feeding schedule so we can contact you with any questions prior to attending camp.

## Mobility:

(indicate all that apply to the camper)

- Ambulatory  
 Walker/crutches  
 Stroller  
 Cane  
 Braces  
 Prothesis  
 Manual Wheelchair  
 Power Wheelchair

Additional Comments: \_\_\_\_\_

## Transfer Information:

- Independent  
 Standby Assistance  
 Pivot (1 person)  
 Two-person

Other/comments: \_\_\_\_\_

## Assistive Devices:

- Helmet  
 Glasses  
 Braces  
 Shunt  
 Dentures  
 Other: \_\_\_\_\_

Continued on the next page



# BEHAVIOR INFORMATION

Applicant's Name:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nickname: \_\_\_\_\_

Gender: \_\_\_ Male \_\_\_ Female    Height: \_\_\_'\_\_\_"    Weight: \_\_\_ lbs

**Behavior:**\*If the camper has a behavior plan or IEP available, include a copy.  
If the camper becomes upset, you may see...(mark all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> Generally Easy-Going/Happy      | <input type="checkbox"/> Wanders/Needs Continuous Direction |
| <input type="checkbox"/> Shy/Withdrawn                   | <input type="checkbox"/> Shouting                           |
| <input type="checkbox"/> Unsure of New Situations        | <input type="checkbox"/> Swearing                           |
| <input type="checkbox"/> Helpful                         | <input type="checkbox"/> Self-Abusive Behaviors             |
| <input type="checkbox"/> Verbally Aggressive/Demanding   | <input type="checkbox"/> Tendency to Withdraw               |
| <input type="checkbox"/> Physically Aggressive Behaviors | <input type="checkbox"/> Other: _____                       |

Describe applicant on their best day: \_\_\_\_\_

Describe applicant on their worst day: \_\_\_\_\_

Swimming Skills: (check all that apply)

Has taken swimming lessons     Can float (with or without device)     Likes water     Doesn't like water

Provide additional instructions or explanations for our staff: \_\_\_\_\_

Please check all the activities the camper enjoys:

- |                                       |                                   |                                    |   |                                       |
|---------------------------------------|-----------------------------------|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Art & Crafts | <input type="checkbox"/> Bowling  | <input type="checkbox"/> Gardening | <input type="checkbox"/> Sports & Games | <input type="checkbox"/> Board Games  |
| <input type="checkbox"/> Basketball   | <input type="checkbox"/> Cookouts | <input type="checkbox"/> Movies    | <input type="checkbox"/> Swimming       | <input type="checkbox"/> Fishing      |
| <input type="checkbox"/> Baseball     | <input type="checkbox"/> Dancing  | <input type="checkbox"/> Music     | <input type="checkbox"/> Volleyball     | <input type="checkbox"/> Nature Hikes |
|                                       |                                   |                                    |   | Other: _____                          |

Describe the best way(s) to engage camper: \_\_\_\_\_

Please write any other information you feel our staff would benefit from knowing (likes, dislikes, fears or habits):  
**PLEASE BE AS DESCRIPTIVE AS POSSIBLE!**

**FOR TEACHERS AND/OR OTHER CAREGIVERS:** Please write any other information you feel our staff would benefit from knowing: **PLEASE BE AS DESCRIPTIVE AS POSSIBLE!**

# Easterseals & JCC Rainbow SUMMER CAMP REGISTRATION

**Deadline to Return:  
May 15, 2022**

Check appropriate circles and fill in the amount for each session you are attending.

Applicant's Name: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_

**Easterseals & JCC Rainbow Camp- Adult Summer Camp Ages 18+**

Week One	<input type="radio"/> July 5- July 8	Day Camp - Full Day 8:00am - 4:30pm, Tues-Fri	Week One \$320- Four days	\$ _____
Week Two	<input type="radio"/> July 11 - July 15	Day Camp - Full Day 8:00am - 4:30pm, Mon-Fri	Week Two \$400- Five days	\$ ____
Weeks One & Two	<input type="radio"/> July 5-8 & July 11- 15	Day Camp - Full Day 8:00am - 4:30pm	Weeks One & Two \$720- Nine Days	\$ _____

**TOTAL**    \$ \_\_\_\_\_

# PAYMENT

If you do not currently have funding through Family Care, county funds or other 3rd party program, please contact Lauren Daniels 414-550-3807 laurend@eastersealswise.com prior to submission of application to discuss payment options.

## Payment through county funds, family care services, or another third-party programs

Other/Third Party Payer Contact Information Below:

Case Manager Name: \_\_\_\_\_ Agency: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

\*Camper will not be able to attend Camp if service authorization is not received by Easterseals Business Office prior to July 1<sup>st</sup>, 2022

\*Contact the Business office to receive authorization updates at 414-963-5910.

## Private Pay Only

If you do not receive funding through a third-party funding source, please provide the following information. Once submitted, expect to receive formal private pay documents through e-mail, or other communications.

\*Payment plans available on an individual basis.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_