

WIL-O-WAY SUMMER CAMPER APPLICATION

DEADLINE TO RETURN: FRIDAY MAY 10, 2019

- All areas must be filled out in order for applications to be processed.
- Applications must be mailed to Easterseals or dropped off at:
2222 S. 114th Street, West Allis, WI 53227.
- Faxed applications will **NOT** be accepted.

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"/> Prothesis | <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 your preferred camp site or potential field trip locations.**

____ Wil-O-Way Grant/Underwood Wading Pool

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: _____

CARE INFORMATION

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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:

First

Middle

Last

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!

WIL-O-WAY REGISTRATION

DUE: FRIDAY MAY 10TH, 2019

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

Applicant's Name: _____ Guardian's Name: _____

Address: _____ Date of Birth: _____

GRANT
207 S. Lake Drive, South Milwaukee, WI 53172

UNDERWOOD
10602 Underwood Parkway, Wauwatosa, WI 53226

GRANT Spring Training (mandatory)
June 14th, 12pm-3pm

UNDERWOOD Spring Training (mandatory)
June 13th, 12pm-3pm

Wil-O-Way Camp Sessions - Campers 7-21

			Sessions	Amount						
SESSION ONE	<input type="radio"/> June 17 - June 28	Day Camp - Full Day 9:00am - 3:30pm, Mon - Fri	<table border="1"> <tr> <td colspan="2">Session One</td> </tr> <tr> <td>Milwaukee County Resident</td> <td>Non- Resident</td> </tr> <tr> <td>\$400</td> <td>\$550</td> </tr> </table>	Session One		Milwaukee County Resident	Non- Resident	\$400	\$550	\$ _____
	Session One									
Milwaukee County Resident	Non- Resident									
\$400	\$550									
<input type="radio"/> June 17 - June 28	Afternoon Care 3:30pm - 5:00pm, Mon - Fri	Session One \$150	\$ _____							
SESSION TWO	<input type="radio"/> July 8 - July 19	Day Camp - Full Day 9:00am - 3:30pm, Mon - Fri	<table border="1"> <tr> <td colspan="2">Session Two</td> </tr> <tr> <td>Milwaukee County Resident</td> <td>Non- Resident</td> </tr> <tr> <td>\$400</td> <td>\$550</td> </tr> </table>	Session Two		Milwaukee County Resident	Non- Resident	\$400	\$550	\$ _____
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Milwaukee County Resident	Non- Resident									
\$400	\$550									
<input type="radio"/> July 8 - July 19	Afternoon Care 3:30pm - 5:00pm, Mon - Fri	Session Two \$150	\$ _____							
SESSION THREE	<input type="radio"/> July 22 - August 2	Day Camp - Full Day 9:00am - 3:30pm, Mon - Fri	<table border="1"> <tr> <td colspan="2">Session Three</td> </tr> <tr> <td>Milwaukee County Resident</td> <td>Non- Resident</td> </tr> <tr> <td>\$400</td> <td>\$550</td> </tr> </table>	Session Three		Milwaukee County Resident	Non- Resident	\$400	\$550	\$ _____
	Session Three									
Milwaukee County Resident	Non- Resident									
\$400	\$550									
<input type="radio"/> July 22 - August 2	Afternoon Care 3:30pm - 5:00pm, Mon - Fri	Session Three \$150	\$ _____							

T-Shirt Size one t-shirt included please circle	Child: 6/8 10/12 14/16
	Adult: Sm Med Lg XL 2XL 3XL

TOTAL \$ _____

PAYMENT

If you do not currently have funding through Family Care, Children's Long Term Support Waiver, county funds or other 3rd party program, please contact Rachel Simon at 414-963-5992 or rachels@eastersealswise.com prior to submission of application to discuss payment options.

Payment through county funds, family care services,
Children's Long Term Support Waiver, or another third party programs.

Other/Third Party Payer Contact Information Below:

Case Manager Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____