

CAMPER APPLICATION

Deadline to Return: Friday, May 12, 2017

- 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? _____

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

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

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 | |

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 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

_____ Buchner Pool, Waukesha

_____ Cool Waters Aquatic Park, West Allis

_____ Holler Park Pool, Milwaukee

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
- Release or obtain written/verbal reports (educational, therapy, medical and/or psychological) containing information about my child _____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

Deadline to Return: Friday, May 12, 2017

Please fill in all areas completely!

Applicant's Name: _____ **Date of Birth:** _____

Applicant lives with: _____ Goes to school/work at: _____

Applicant's disability is called: _____

Please indicate any allergies here: _____

Seizure Disorders:

- | | |
|---|---|
| <input type="checkbox"/> Does Not Apply | <input type="checkbox"/> Non-convulsive (Petit mal) |
| <input type="checkbox"/> Nocturnal | <input type="checkbox"/> Tonic/Clonic (Grand mal) |
| <input type="checkbox"/> Psychomotor | <input type="checkbox"/> 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

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

CARE INFORMATION

Toileting: Please bring all needed supplies/equipment, (e.g. briefs, wipes, etc.) to each camp session.

Is applicant independent in toileting? No Assist Partial Assist Total Assist

Schedule (please check designated times): 10:00 10:30 11:00 11:30 12:00
 12:30 1:00 1:30 2:00 2:30

Maintains Bladder Control: Always Sometimes Never Needs Reminder

Maintains Bowel Control: Always Sometimes Never Needs Reminder

Aids Used: None Urinal Toilet Chair Briefs Pull-Ups
 G-Tube Catheter (Type: _____)

Toileting instructions or other accommodations: _____

Personal Hygiene:

Washing Hands: No Assist Some Assist Total Assist Needs Reminder Supervision

Dressing: No Assist Some Assist Total Assist Needs Reminder Supervision

Menstrual Care: No Assist Some Assist Total Assist Needs Reminder Supervision

Communication:

Verbal Does the camper understand/respond to questions? Yes No
 Non-Verbal Does the camper communicate his/her needs and wants? Yes No
 Sign-language Does the camper read/write? Yes No If yes, at what level? _____
 Gestures Additional Instructions: _____
Communication device used? _____

BUS TRANSPORTATION

Transportation provided for Wil-O-Way campers only. Must live in Milwaukee County to receive transport.

The final bus schedule will be mailed prior to your camper attending camp.

Transportation Options:

We will provide our own transportation for our camper.

We request transportation to/from camp.

Check if camper requests transportation and requires wheelchair-accessible bus.

Check if camper requests transportation and requires harness on bus.

Pick-Up/ Drop Off Locations

A.M. Pick-Up Location: _____ City: _____ Zip: _____

Contact Person at A.M. Pick-Up _____ Phone: _____

P.M. Pick-Up Location: _____ City: _____ Zip: _____

Contact Person at P.M. Pick-Up _____ Phone: _____

BEHAVIOR INFORMATION

Applicant's Name: _____
First Middle Last

Nickname: _____

Gender: Male Female **Birthdate:** _____ **Age at time of camp:** _____

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!

CAMP SUNBURST/SCHUETZE PARK REGISTRATION

Due: Friday, May 12, 2017

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

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

Address: _____ Date of Birth: _____

CAMP SUNBURST - CAMPER'S 22 & OLDER		Session	Amount
<input type="radio"/>	June 12- June16 Day Camp 9:00 a.m. - 3:00p.m. Mon. - Fri.	\$200	\$ _____

SCHUETZE PARK - CAMPER'S 7 - 21		Session	Amount
<input type="radio"/>	June 12- August 11 Day Camp - Full Day 9:00a.m. - 4:30p.m. Mon. - Fri.	\$1800	\$ _____
<input type="radio"/>	June 12 - August 11 A.M. Care 7:30 a.m. - 9:00 a.m. Mon.-Fri.	\$675	\$ _____
<input type="radio"/>	June 12 - August 11 P.M. Care 4:30 p.m.- 6:00p.m., Mon.-Fri.	\$675	\$ _____

T-Shirt Size (one t-shirt included)	Child	6/8	10/12	14/16					<input type="radio"/> I would like an extra T-shirt for an additional \$10 Size: _____	\$ _____
	Adult	Sm	Med	Lg	XL	2XL	3XL			

TOTAL	\$ _____
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Registration Fee
 \$40 - Residents/Sunburst Campers +\$ _____
 \$140 - Non-residents

Payment enclosed with this registration - SUBTRACT payment -\$ _____

Remanining Balance Due = \$ _____

OFFICE USE ONLY	
Due Friday, May 12, 2017	Payment in full = \$ _____

WIL-O-WAY REGISTRATION

Due: Friday, May 12, 2017

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 Lake Drive
South Milwaukee, WI 53172

UNDERWOOD - 10602 Underwood Parkway
Wauwatosa, WI 53226

WIL-O-WAY CAMP SESSIONS- CAMPERS 7-21

		Session		Amount
<input type="radio"/>	June 19- July 7 Day Camp - Full Day 9:00 a.m. - 3:30p.m., Mon. - Fri.	Milwaukee County Resident \$315	Session 1 Non-Resident \$470	\$ _____
<input type="radio"/>	June 19- July 7 P.M. Care 3:30p.m - 5:00p.m., Mon. - Fri.	Session 1 \$225		\$ _____
<input type="radio"/>	July 10 - July 28 Day Camp - Full Day 9:00 a.m. - 3:30 p.m., Mon. - Fri.	Milwaukee County Resident \$315	Session 2 Non-Resident \$470	\$ _____
<input type="radio"/>	July 10 - July 28 P.M. Care 3:30 p.m.- 5:00p.m., Mon.-Fri.	Session 2 \$225		\$ _____

EXTENDED CAMP

* Funding provided by OPD does not cover cost of Session 3.

<input type="radio"/>	July 31 - August 18 Wil-O-Way Grant Only Day Camp - Full Day 9:00 a.m. - 3:30 p.m., Mon. - Fri.	Session 3 \$600		\$ _____
<input type="radio"/>	July 31 - August 18 Wil-O-Way Grant Only P.M. Care 3:30 p.m. - 5:00 p.m., Mon. - Fri	Session 3 \$225		\$ _____

T-Shirt Size	Child 6/8 Adult Sm	10/12 Med	14/16 Lg	XL	2XL	3XL	<input type="radio"/> I would like an extra T-shirt for an additional \$10 Size: _____	\$ _____
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TOTAL \$ _____

Registration Fee enclosed with application - **\$ 100.00**
Other payments enclosed with registration - SUBTRACT payment - \$ _____
Remaning Balance Due = \$ _____

OFFICE USE ONLY	
Due Friday, May 12, 2017	Payment in full = \$ _____

PAYMENT OPTIONS

Private Pay

Check or money order enclosed: (made payable to Easterseals): Check #: _____ Amount: _____

Credit Card: Cardholder Name: _____ Zip Code: _____

VISA Account Number: _____ Exp. Date: _____

MasterCard Security code (3 digits on back of card): _____ Amount to bill to credit card: _____

AmEx Cardholder Signature: _____

If paying by a draw from a bank account:

Bank Name: _____ _____Checking _____ Savings

Bank Routing Number: _____

Account Number: _____

Payment through county funds, family services, Autism waiver programs, or another third party programs.

Other/Third Party Payer Contact Information Below:

Case Manager Name: _____ Agency: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Do we need to send an invoice to payer?

INSUFFICIENT FUNDS: Funds for this transaction must be available in your bank account. If there are insufficient funds when your payment is processed, Easterseals Southeast Wisconsin will charge a \$35 insufficient funds fee in addition to any applicable fees charged by your bank.

TERMINATION: In the event the participant's responsible party fails to meet any terms of this agreement or policies/procedures of the agency, which include failure to pay fees, Easterseals reserves the right to terminate program participants. If a participant wishes to terminate his/her involvement in the program, 14 days written notice is required and refunds will be processed on the 15th and last day of the month.

ADDITIONAL PROVISIONS:

- This agreement is in effect and subject to the termination provision herein.
- The participant and responsible party agree to abide by such policies and procedures as may enact from time to time. Such policies and procedures shall be deemed a part of this agreement.
- Descriptions of services and policies are provided with the camp brochure.

I have read the Private Pay Agreement and hereby agree to the stated terms.

Signature of Applicant (if able to sign or mark)

Date

Signature of Guardian/Responsible Party

Date