

# 2015

## Registration & Information Form

### For All Participants, New and Returning

**Follow the instructions and checklist below:**

- Complete 2015 Fall Registration Form
- Complete both sides of the 2015 Annual Information Form
- Fall registration fees are payable to Easter Seals Southeast Wisconsin
- Mail with Payment to:

**Easter Seals Southeast Wisconsin  
c/o Amy Look  
2222 S. 114<sup>th</sup> Street  
West Allis, WI 53227**

- Complete 2015 Key Card Application
- Key Card fees are payable to the Milwaukee County Treasurer
- Mail with Payment to:

**Office for Persons with Disabilities  
c/o Tim Ochnikowski  
901 N. 9<sup>th</sup> Street Room 307-B  
Milwaukee, WI 53233**

Find the Registration & Information Form and  
the 2015 Key Card Application at  
[www.eastersealswise.com](http://www.eastersealswise.com)

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

Agency/Group Home: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**How will you be paying for our recreation programs?**

- Milwaukee County Department of Family Care
- IRIS  Case Manager
- Private Pay  Rep Payee

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

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

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

**Please mark the programs of your choice.**

**Note:** The lower dance price is for Key Card Members only.

WIL-O-WAY GRANT			
	Mon.	Special Olympics Basketball	\$28
	Tues.	Textiles and Tie-Dye	\$50
	Wed.	Ceramics Artiste	\$55
	Wed.	Ceramics Night Owls	\$55
	Fri.	9/11 Red, White & Blue Dance	\$7/\$8
	Fri.	9/25 80s Party	\$7/\$8
	Fri.	10/9 Sweetest Dance	\$7/\$8
	Fri.	10/23 Fright 'n' Fun	\$7/\$8
	Fri.	11/6 Neon Night Dance	\$7/\$8
	<b>DEAL</b>	<b>W.O.W. Grant Dance Deal</b>	<b>\$28</b>
	Fri.	11/20 Moroccan Nights Prom	\$13/14
WIL-O-WAY UNDERWOOD			
	Tues.	Dinner and Dessert	\$40
	Thurs.	Around the World in 13 Weeks	\$40
	Fri.	9/18 Rock & Roll Dance	\$7/\$8
	Fri.	10/2 Do the Disco	\$7/\$8
	Fri.	10/16 Sweetest Dance	\$7/\$8
	Fri.	10/30 Spooky Swing 'n' Shout	\$7/\$8
	Fri.	11/13 Glow Flow Gala	\$7/\$8
	<b>DEAL</b>	<b>W.O.W. Underwood Dance Deal</b>	<b>\$28</b>
	Fri.	12/4 An Evening in Paris Prom	\$13/14
MOOSE LODGE			
	Fri.	9/18 Sock Hop Dance	\$7/\$8
	Fri.	10/2 Scarecrow Spin	\$7/\$8
	Fri.	10/16 Sweetest Dance	\$7/\$8
	Fri.	10/30 Trick or Treat Boogie	\$7/\$8
	Fri.	11/13 90s Dance	\$7/\$8
	Fri.	12/4 Winter Whirl	\$7/\$8
	<b>DEAL</b>	<b>Moose Lodge Dance Deal</b>	<b>\$36</b>
AMF WEST LANES			
* Bowling requires an add'l \$6.25 fee each time you bowl			
	Wed.	High Rollers Bowling	\$22
	Thurs.	Bowling Bash	\$22

**How did you hear about our recreation programs?**

- Family/Friend  Easter Seals Website
- Email  Facebook/Twitter
- Mailing  Case Worker
- Milwaukee County
- Other: \_\_\_\_\_

2015 Key Card # \_\_\_\_\_

\*\*You need to be a 2015 Key Card Member to register. If you do not know the number yet, leave blank.

**ATTENTION:** Key Card Checks *must* be made out separately. You will NOT be registered if you include the price of the Key Card on the same check as your registration.

Please mail Key Card application and Key Card check directly to the Office for Persons with Disabilities.

**Transportation (Circle one):** Cab Car City Bus  
First Transit Transit Express Other: \_\_\_\_\_

**Total Payment Due \$ \_\_\_\_\_**

Make checks for registration only payable to:  
Easter Seals Southeast Wisconsin  
Mail to: 2222 South 114<sup>th</sup> Street, West Allis, WI 53227

WAUWATOSA CENTER			
	Tues.	Cooking and Culture	\$40
	Wed.	Bingo Night	\$40
	Thurs.	Coffee House	\$40
	Sat.	Create N' Celebrate	\$35
GENERATIONS CENTER			
	Tues.	Crafts and Card Games	\$35
	Wed.	Move to the Music	\$35
	Thurs.	Ceramics Club	\$55
	Sun.	9/13 Packers Kickoff Party	\$15
	Sun.	9/20 Disco Dance Day	\$15
	Sun.	9/27 Fall Bingo Party	\$15
	Sun.	10/4 Karaoke Fun	\$15
	Sun.	10/11 Autumn Carnival	\$15
	Sun.	10/18 Pumpkin Painting	\$15
	Sun.	10/25 Costume Bash	\$15
	Sun.	11/1 Jewelry Jamboree	\$15
	Sun.	11/8 Green Bay Spirit Day	\$15
	Sun.	11/15 Holiday Card Making	\$15
	Sun.	11/22 Thanksgiving Party	\$15
	Sun.	12/6 Holiday Bingo	\$15
	<b>DEAL</b>	<b>Sunday Fun-Day Deal</b>	<b>\$165</b>
COMMUNITY OUTINGS			
	Sat.	9/19 Applebees	\$20
	Sat.	10/3 Mitchell Park Domes "Clueless" Fall Floral Show	\$10
	Sat.	10/17 Perkins	\$20
	Sat.	10/31 Movies at Value Cinema	\$10
	Sat.	11/14 Trainfest	\$15
	Sat.	12/5 Mitchell Park Domes "Gingerbread Land" Holiday Floral Show	\$10
	Sun.	9/13 Mots Kite Fest	\$10
	Sun.	9/27 Harvest Fair	\$10
	Sun.	10/11 Baker's Square	\$20
	Sun.	10/25 Panda Hut	\$20
	Sun.	11/8 Wehr Nature Center	\$10
	Sun.	11/29 Movies at Value Cinema	\$10
	<b>DEAL</b>	<b>Diners Club Deal</b>	<b>\$70</b>

# 2015 Annual Information Form

ALL PARTICIPANTS MUST COMPLETE THIS FORM

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

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

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

**PHOTO RELEASE:** I grant permission to Easter Seals 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 Easter Seals and that these materials may be released to the general public.  No  Yes

**Self/Parent/Guardian Signature:** \_\_\_\_\_

## Please check all that are appropriate (to better serve the participant):

### Behavior:

- Generally Easy-Going / Happy
- Shy / Withdrawn
- Unsure of New Situations
- Helpful
- Verbally Aggressive / Demanding
- Physically Aggressive
- Wanders / Needs Continuous Direction
- Other: \_\_\_\_\_

### Degree of disability:

- Mild  Moderate  Severe

### Does the participant need 1:1 instruction?

- Yes  No

### Please check all that apply to the participant:

- Attention Deficit Disorder
- Autism
- Cerebral Palsy
- Cognitive Disability
- Down Syndrome
- Emotional Disability
- Hearing Impairment
- Learning Disability
- Physical Disability
- Speech/Language Disability
- Visual Impairment
- Other: \_\_\_\_\_

### Allergies: Explain Allergy if Applicable

- Animals  Environment
- Food  Medicine
- Other: \_\_\_\_\_

### Communication:

- Verbal
- Non-Verbal
- Communication Board
- Sign Language
- Gestures
- Other: \_\_\_\_\_

### Diet:

- Standard  Low Salt
- Chopped Food  Low Calorie
- Blended/pureed  No Sugar
- Other: \_\_\_\_\_

### Eating:

- No Assist  Partial Assist  Total Assist

### Handling Money:

- No Assist  Partial Assist  Total Assist

### Hearing:

- Normal  Normal with Aid
- Partial Loss  Partial with Aid
- Legally Deaf

### Independence doing Activities:

- No Assist  Partial Assist  Total Assist

### Diabetic:

- No  Yes, list limitations

### Medications Taken. Please list:

- None  Yes

*\*Easter Seals Staff will not administer medications. This information will be shared with EMS in a medical emergency.*

### Mobility:

- Ambulatory  Braces
- Cane  Wheelchair
- Scooter  Walker
- Motorized Wheelchair Assistance needed with mobility:
- None  Partial  Total

### Seizures:

- None
- Petit Mal  Grand Mal
- Tonic Clonic  Non-Convulsive
- Nocturnal  Psychomotor
- Mixed  Drop Seizures

Frequency: \_\_\_\_\_

### Toileting:

- No Assist  Partial Assist  Total Assist

*\*We will provide personal care assistance in emergency situations only. If personal care or transfers are needed please have a PCA come with the participant.*

### Vision:

- Unimpaired  Partial Sight
- Night Blindness  Legally Blind
- Color Blind

- Family Status:**  Single  Single parent  Married Couple/no children  
 Married Couple/children  Unmarried Couple-Partnership/no children  
 Unmarried Couple-Partnership/children  Other: \_\_\_\_\_

- Participant has health insurance:**  Yes  No  Unknown  
If yes, type of insurance:  Medicaid  Medicare  Private  HMO  Title 19HMO  Other: \_\_\_\_\_

- Employment Status:**  Works full-time  Works part-time  Does not work  Retired

Place of employment (if applicable): \_\_\_\_\_

- Second Language:  English  Spanish  Chinese  Hmong  French  German  Hindi  
 Bantu  Laotian  Vietnamese  Cambodian  Urdu  Other: \_\_\_\_\_

### Household Type (please check all that apply):

- Owns home  Rents  Lives alone  Lives with partner  Lives with family  Multiple family residence
- Lives with parent or relative  Lives in a nursing home  Homeless  Foster Home  Lives in a group home
- If participant lives in a group home, what type:  AFH  Community Based Residential Facility (CBRF)
- Assisted Living  Other (please explain): \_\_\_\_\_

Please Complete Next Page 

# 2015 Annual Information Form (continued)

Complete both sides of the form. The following information is needed to secure funding for our programs.

## Group Home Agency Contact Information:

Group Home Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Emergency Contact Information

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Would you like to receive our monthly newsletter?  Yes  No

*\*Parent/guardian will be contacted first. If parent/guardian cannot be reached, we will call the emergency contact.*

## Personal Information

Birth Date: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_  
Gender:  Male  Female  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

## Physician's Information

Physician's Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Insurance Provider: \_\_\_\_\_  
Insurance Number: \_\_\_\_\_

## Vital Information

**I live:**  alone  with my family  
 with an attendant  in a group home  
 in a health care center

### During the day, I:

attend school  work  
 attend day program  stay home

### Household Annual Income (for funding purposes):

\$0-\$11,999  \$12,000-\$14,999  
 \$15,000-\$24,999  \$25,000-\$49,999  
 \$50,000-\$74,999  Above \$75,000

### Family Size (Household):

Number of people in the home: \_\_\_\_\_  
Number of wage earner(s) in the home: \_\_\_\_\_

### Type of assistance household receives:

SSDI  SSI  AFDC  
 Autism Waiver Funding  Food Stamps  
 Family Support Funding  Family Care

## Caregiver Information

Does participant have a caregiver?  Yes  No

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Gender:**  Male  Female

**Employment Status:**  Full-time  Part-time  Does not work/Retired

### Relationship to Participant:

Spouse/Domestic partner  Child/Child-in-Law  Sibling  Grandparent  
 Other Relative  Friend/Neighbor  Professional Care Manager  Foster Parent

## Education, last grade completed:

Never attended  Preschool  Grade School  
 7th Grade  8th Grade  9th Grade  
 10th Grade  11th Grade  High School  
 Some College  2-year College Graduate  
 4-year College Graduate  Post-Graduate or Above

## Heritage:

African American  Asian  
 Caucasian  Hispanic  
 Multiple Ethnicity  Native American  
 Other: \_\_\_\_\_

## First Language:

English  Spanish  Chinese  Bantu  
 Hmong  French  German  Hindi  
 Laotian  Vietnamese  Cambodian  Urdu  
 Other: \_\_\_\_\_  Does not speak

## Armed Services:

Active Duty?  Yes  No

National Guard/Reserve:  Yes  No

Veteran:  Yes  No

Member of a Military/Veteran Family:

Yes (Participant is child, spouse, or parent)  No

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the 2015 Easter Seals Recreation Guidebook. I also hereby absolve and hold harmless Milwaukee County Office for Persons with Disabilities, Easter Seals Southeast Wisconsin and their employees and volunteers from any liability for injuries or damages as a result of participation in programs and community activities. I further provide that this consent and waiver applies to my heirs, executors and assignees.

**Self/Parent/Guardian Signature:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_