

# 2015

## Registration & Information Form

**For All Participants, New and Returning**

Follow the instructions and checklist below:

- Complete 2015 Summer Registration Form
- Complete both sides of the 2015 Annual Information Form
- 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 this 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 Bocce Ball	\$28
	Tues.	Knitter's Corner	\$35
	Wed.	Ceramics Artiste	\$55
	Wed.	Ceramics Night Owls	\$55
	Fri.	Knitter's Corner	\$35
	Fri.	6/5 Summer Masquerade	\$7/\$8
	Fri.	6/19 Neon Night	\$7/\$8
	Fri.	7/3 Patriotic Party	\$7/\$8
	Fri.	7/17 80's Dance	\$7/\$8
	Fri.	8/7 Candyland Jam	\$7/\$8
	<b>DEAL</b>	<b>W.O.W. Grant Dance Deal</b>	<b>\$28</b>

WIL-O-WAY UNDERWOOD			
	Tues.	Food Science	\$40
	Wed.	Cooking Around the World	\$40
	Fri.	6/12 90's Hits Dance	\$7/\$8
	Fri.	6/26 Summer Glow Party	\$7/\$8
	Fri.	7/10 Country Western Jam	\$7/\$8
	Fri.	7/24 Disco Hits	\$7/\$8
	Fri.	8/14 Hawaiian Luau	\$7/\$8
	<b>DEAL</b>	<b>W.O.W. Underwood Dance Deal</b>	<b>\$28</b>

MOOSE LODGE			
	Fri.	6/12 Karaoke Sing-Off	\$7/\$8
	Fri.	6/26 Space Jam	\$7/\$8
	Fri.	7/10 Rock & Roll Night	\$7/\$8
	Fri.	7/24 Hollywood Party	\$7/\$8
	Fri.	8/14 Beach Bash	\$7/\$8
	<b>DEAL</b>	<b>Moose Lodge Dance Deal</b>	<b>\$36</b>

AMF WEST LANES			
* Bowling requires an additional \$6 fee each time you bowl			
	Wed.	High Rollers Bowling	\$22
	Thurs.	Bowling Bash	\$22

WAUWATOSA CENTER			
	Tues.	Bingo Night	\$40
	Wed.	League Night	\$35
	Thurs.	Coffee House	\$35
	Sat.	Create N' Celebrate	\$35

**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 # \_\_\_\_\_

\*\*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): Cab Car City Bus  
 First Transit Transit Express Other: \_\_\_\_\_

GENERATIONS CENTER			
	Tues.	Beginner's Fitness & Healthy Snacks	\$35
	Wed.	Craft Crazy	\$35
	Thurs.	Ceramics Club	\$55
	Sat.	Fun-Tastic Saturdays	\$35
	Sun.	6/14 Brewers Fan Fest	\$15
	Sun.	6/21 Lawn Party	\$15
	Sun.	6/28 Savory Summer Snacks	\$15
	Sun.	7/12 Disco Dance Day	\$15
	Sun.	7/19 Summer Bingo Party	\$15
	Sun.	7/26 Johnny Appleseed Day	\$15
	Sun.	8/2 Summer Birthday Celebration	\$15
	Sun.	8/9 Ice Cream Sunday	\$15
	<b>DEAL</b>	<b>Sunday Fun-Day Deal</b>	<b>\$170</b>

COMMUNITY OUTINGS			
	Sat.	6/13 Movies at Value Cinema	\$10
	Sun.	6/21 Picnic at Wil-O-Way Underwood	\$15
	Sat.	6/27 Perkins	\$20
	Sun.	7/5 Baker's Square	\$20
	Sat.	7/11 Motown: The Musical	\$30
	Sun.	7/19 Movies at Value Cinema	\$10
	Sat.	7/25 Applebee's	\$20
	Sun.	8/2 Panda Hut	\$20
	<b>DEAL</b>	<b>Diners Club Deal</b>	<b>\$90</b>

**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

# 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**

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

**Communication:**

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

**Diet:**

- Standard             Blended/Pureed
- Chopped Food     Low Calorie
- Low Salt             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
- Scooter     Walker     Wheelchair
- 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): \_\_\_\_\_

# 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  Food Stamps  
 Family Care  Family Support Funding  
 Autism Waiver Funding

## Education, last grade completed: Never attended

Preschool  Grade School  7th Grade  
 8th Grade  9th Grade  10th Grade  
 11th Grade  High School Graduate  
 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

Hmong  French  German  Hindi  
 Bantu  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

## 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

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:** \_\_\_\_\_