2015 Registration & Information Form

For All Participants, New and Returning

Follow the instructions and chee [] Complete 2015 Spring Regis [] Complete both sides of the [] Mail with Payment to:	tration Form
2	Seals Southeast Wisconsin c/o Amy Look 2222 S. 114 th Street West Allis, WI 53227
[] Complete 2015 Key Card Ap [] Key Card fees are payable [] Mail with Payment to:	oplication to the Milwaukee County Treasurer

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

Find this form and the 2015 Key Card Application at www.eastersealswise.com

Name:	
Agency/Group Hor	ne:
Agency Phone Nur	nber:
	
City:	Zip:
	Cell:
[] Milwaukee Cour	ying for our recreation programs? ty Department of Family Care
	[] Case Manager
[] Private Pay	[] Rep Payee
Name:	
Phone:	
Email:	

Please mark the programs of your choice.

	WIL-O-WAY GRANT	
Mon.	Special Olympics Basketball Skills/ Athletics (Track & Field)	\$28
Tues.	The Essence of Nature - Try Before You Buy*	\$35
Tues.	Baking Healthy Desserts	\$35
Wed.	Ceramics Artiste	\$55
Wed.	Ceramics Night Owls	\$55
Thurs.	Cooking Basics	\$40
Thurs.	Paintbrush Proteges	\$35
Fri.	2/20 Sweetheart's Whirl Dance	\$7/\$8
Fri.	3/6 Oldies But Goodies Dance	\$7/\$8
Fri.	3/20 Fairytale Fun Dance	\$7/\$8
Fri.	4/3 Country Party Dance	\$7/\$8
Fri.	4/24 Neon Night Dance	\$7/\$8
DEAL	W.O.W. Grant Dance Deal	\$28
Fri.	5/8 Countdown to Summer	\$13/1
	Celebration Prom	·
	WIL-O-WAY UNDERWOOD	
Tues.	Basic Fitness & Healthy Snacks	\$40
Wed.	DIY (Do It Yourself) Crafts	\$40
Thurs.	Field Day Fun & Games - Try Before You Buy*	\$35
Sat.	2/7 Snowmobile Festival	FREE
Sun.	6/7 Spring Fling - FREE for Key Card Members	FREE/
Fri.	2/13 Valentine Waltz Dance	\$7/\$8
Fri.	2/27 Disco Celebration Dance	\$7/\$8
Fri.	3/13 Circus Party Dance	\$7/\$8
Fri.	3/27 Glow Dance	\$7/\$8
Fri.	4/17 '80s Jam Dance	\$7/\$8
DEAL	W.O.W. Underwood Dance Deal	\$28
Fri.	5/1 Summertime Sing & Shout Prom	\$13/1
	MOOSE LODGE	
Fri.	2/13 Hoppin' Hearts Dance	\$7/\$8
Fri.	2/27 '90s Hits Party Dance	\$7/\$8
Fri.	3/13 Rock & Roll Night Dance	\$7/\$8
Fri.	3/27 Spring Dance Off	\$7/\$8
Fri.	4/17 Tunes with a Twist Dance	\$7/\$8
	15/1 Black & White Boogle Dance	\$7/\$8
Fri.	5/1 Black & White Boogie Dance Moose Lodge Dance Deal	\$7/\$8 \$36
	Moose Lodge Dance Deal	\$7/\$8 \$36
Fri.	Moose Lodge Dance Deal AMF WEST LANES	\$36
Fri. DEAL ling req	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time yo	\$36
Fri. DEAL ling req Wed.	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time you High Rollers Bowling	\$36 ou bow \$22
Fri. DEAL ling req	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time you High Rollers Bowling Bowling Bash	\$36
Fri. DEAL ing req Wed. Thurs.	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time you High Rollers Bowling Bowling Bash WAUWATOSA CENTER	\$36 bu bow \$22 \$22
Fri. DEAL ling req Wed. Thurs.	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time you High Rollers Bowling Bowling Bash WAUWATOSA CENTER Science at Sundown - Try Before You Buy*	\$36 bu bow \$22 \$22 \$40
Fri. DEAL ling req Wed. Thurs.	Moose Lodge Dance Deal AMF WEST LANES uires an additional \$6 fee each time you High Rollers Bowling Bowling Bash WAUWATOSA CENTER	\$36 bu bow \$22 \$22

[] Family/Friend	ut our recreation programs?
[] Easter Seals Website	9
[] Email	
[] Facebook/Twitter	
[] Mailing	
[] Case Worker	
[] Milwaukee County	
[] Other:	
2015 Key Card #	
/	ey Card Member to register.
	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	n (Circle):	Cab	Car	City Bus	
First Transit	Transit Exp	oress	Other:		

	GENERATIONS CENTER	
Tues.	Craft Crazy	\$35
Wed.	Party Prep 101 - Try Before You Buy*	\$35
Thurs.	Ceramics Club	\$55
Sat.	Fun-Tastic Saturdays	\$26
Sun.	2/8 Valentine's Extravaganza	\$15
Sun.	2/15 Carnival Fun Day	\$15
Sun.	2/22 Winter Bingo Party	\$15
Sun.	3/1 Johnny Appleseed Day	\$15
Sun.	3/8 Turn Back the Clock Tunes	\$15
Sun.	3/15 St. Patty's Extravaganza	\$15
Sun.	3/22 Spring Bingo Party	\$15
Sun.		\$15
Sun.	3/29 Easter Egg Painting	'
	4/12 Tasty Chocolate Treats 4/19 Trivia Time	\$15 \$15
Sun.	•	<u>'</u>
Sun.	4/26 Spring Birthday Party	\$15
Sun.	5/3 Fun with Kites	\$15
DEAL	Sunday Fun-Day Deal	\$170
	COMMUNITY OUTINGS	
Sun.	2/15 Dave & Busters	\$20
Sat.	2/21 Mamma Mia! The Musical	\$30
Sun.	3/8 Movies at Value Cinema	\$10
Sat.	3/14 Mitchell Park Domes/Milwaukee County Winter Farmers Market	\$10
Sun.	3/22 Perkins	\$20
Tues.	3/24 Palermo's Pizza Factory	\$20
Sat.	3/28 Panda Hut	\$20
Sat.	4/4 Movies at Value Cinema	\$10
Sun.	4/12 Bingo at Legion	\$15
Sat.	4/18 Applebee's	\$20
Sun.	4/26 Disney in Concert	\$30
Sat.	5/2 Buca di Beppo	\$20
DEAL	Diners Club Deal	\$90

^{*}Try Before You Buy! See page 9 in the Rec Guide for details.

Total Payment Due \$ _____

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

2015 Annual Information Form ALL PARTICIPANTS MUST COMPLETE THIS FORM

Last Name:	First:	Email:
Address:	Alternate Phone #:	
Phone #:	Alternate Phone #:	
PHOTO RELEASE: I grant permission to ward engaged in activities and unde illustration, broadcast, or testimonial be released to the general public.	•••••	chotograph and videotape me/my leos may be used for the purpose of Seals and that these materials may
[] Generally Easy-Going / Happy [] Shy / Withdrawn [] Unsure of New Situations [] Helpful [] Verbally Aggressive / Demanding [] Physically Aggressive [] Wanders / Needs Continuous Direction [] Other:	[] 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	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
[] Cerebral Palsy [] Cognitive Disability [] Down Syndrome [] Emotional Disability [] Hearing Impairment [] Learning Disability [] Physical Disability [] Speech/Language Disability [] Visual Impairment [] Other:	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.	with the participant. Vision: [] Unimpaired [] Partial Sight [] Night Blindness [] Legally Blind [] Color Blind
	le parent [] Married Couple/no c tartnership/no children [] Unmarried C 	
Participant has health insurance: If yes, type of insurance: [] Medicaid	[] Yes [] No [] Unknown [] Medicare [] Private [] HMO []] Title 19HMO [] Other:
	ne [] Works part-time [] Does	
Second Language: [] English [] Spo [] Bantu [] Laotian [] Vietnar	anish [] Chinese [] Hmong [] F nese [] Cambodian [] Urdu	French [] German [] Hindi [] Other:
	oply): lone [] Lives with partner [] Lives wit s in a nursing home [] Homeless []	
If participant lives in a group home, what	type: [] AFH [] Community Based Re [] Assisted Living [] Other	esidential Facility (CBRF) er (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:Cell:	Work:
Emergency Contact Information	O. II DI
Parent/Guardian Name:	Cell Phone:
Emergency Contact Name: Cell Phone:	Work Phone:
Email: Would you I	Work Friorie like to receive our monthly newsletter? [1 Yes [1 No
*Parent/guardian will be contacted first. If parent/guard	lian cannot be reached, we will call the emergency
contact.	man camino so reachea, ne nim camino emergene,
Personal Information	Physician's Information
Birth Date: Age:	Physician's Name:
Gender: [] Male [] Female	Phone Number:
Social Security Number:	Insurance Provider:
	Insurance Number:
Vital Information	Education, last grade completed: [] Never attended
I live: [] alone [] with my family	[] Preschool [] Grade School [] 7th Grade
[] with an attendant [] in a group home	[] 8th Grade [] 9th Grade [] 10th Grade
[] in a health care center	[] 11th Grade [] High School Graduate
During the day, I: [] attend school [] work	[] Some College [] 2-year College Graduate
[] attend day program [] stay home	[] 4-year College Graduate [] Post-Graduate or Above
Household Annual Income (for funding purposes): [] \$0-\$11,999 [] \$12,000-\$14,999	Heritage: [] African American [] Asian
[]\$15,000-\$14,777	[] Caucasian [] Hispanic [] Multiple Ethnicity [] Native American [] Other:
[]\$50,000-\$74,999 []Above\$75,000	First Language: [] English [] Spanish [] Chinese
Family Size (Household):	[] Hmong [] French [] German [] Hindi
Number of people in the home:	[] Bantu [] Laotian [] Vietnamese [] Cambodian
Number of wage earner(s) in the home:	[] Urdu [] Other: [] Does not speak
Type of assistance household receives:	Armed Services:
[] SSDI [] SSI [] AFDC [] Food Stamps	Active Duty? [] Yes [] No
[] Family Care [] Family Support Funding	National Guard/Reserve: [] Yes [] No
[] Autism Waiver Funding	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	Email:
Name: Cit-	v/State/7in:
Home Phone: Cell:	Work:
Tiome (Tiome)	
Gender: [] Male [] Female	
Employment Status: [] Full-time [] Part-time [] [
Relationship to Participant: [] Spouse/Domestic partr	
[] Other Relative [] Friend/Neighbor [] Profession	onal Care Manager [] Foster Parent
In significant his regulation forms. I started to abide by the	
In signing this registration form, I agree to abide by the guideline to 2015 Easter Seals Regregation Cuidelines Lake	
within the 2015 Easter Seals Recreation Guidebook. I als County Office for Persons with Disabilities, Easter Seals Se	
volunteers from any liability for injuries or damages as a	
activities. I further provide that this consent and waiver	
Self/Parent/Guardian Signature:	
Print Name:	Date: