

# **2016**

## **Registration & Information Form**

### **For All Participants, New and Returning**

**Follow the instructions and checklist below:**

- Complete 2016 Fall Registration Form
- Complete both sides of the 2016 Annual Information Form
- Fall registration fees are payable to Easter Seals Southeast Wisconsin
- Mail with Payment to:

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

- Complete 2016 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**

The Recreation Program Registration & Information Form and the 2016 Key Card Application can also be found at <http://www.easterseals.com/wi-se/our-programs/camping-recreation/>

# 2016 Fall Recreation Registration Form

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
Wed.	9/7-12/7 Ceramics Night Owls		\$55
Fri.	9/9 Under The Sea		\$7/\$8
Fri.	9/23 80's Hits		\$7/\$8
Fri.	10/7 Superhero Swing		\$7/\$8
Fri.	10/21 Costume Party		\$7/\$8
Fri.	11/4 Neon Light		\$7/\$8
Fri.	11/18 Hip Hop Jams		\$7/\$8
<b>DEAL</b>	<b>Grant Dance Deal</b>		<b>\$35</b>
Fri.	12/9 Enchanted Winter Prom		\$13/\$14

WIL-O-WAY UNDERWOOD			
Tues.	9/6-12/6 Easter Seals Color Guard		Free
Thurs.	9/8-12/8 Bingo Night		\$40
Fri.	9/2 50's Sock Hop		\$7/\$8
Fri.	9/16 Tropical Dance		\$7/\$8
Fri.	9/30 Disco Night		\$7/\$8
Fri.	10/14 Keep On Rockin'		\$7/\$8
Fri.	10/28 Music + Monsters		\$7/\$8
Fri.	11/11 Graffiti Dance		\$7/\$8
<b>DEAL</b>	<b>Underwood Dance Deal</b>		<b>\$35</b>
Fri.	12/12 Enchanted Winter Prom		\$13/\$14

MOOSE LODGE			
Fri.	9/2 End Of Summer Luau		\$7/\$8
Fri.	9/16 Hollywood Night		\$7/\$8
Fri.	9/30 Graffiti Night		\$7/\$8
Fri.	10/14 Freeze Dance		\$7/\$8
Fri.	10/28 Spooky Songs		\$7/\$8
Fri.	11/11 Wild West		\$7/\$8
<b>DEAL</b>	<b>Moose Lodge Dance Deal</b>		<b>\$35</b>

AMF WEST LANES			
* Bowling requires the add'l fee listed each time you bowl			
Wed.	High Rollers Bowling (+\$6.25 ea. time)		\$22
Thurs.	Bowling Bash (+\$6.25 ea. time)		\$22

## How did you hear about our recreation programs?

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

2016 Key Card # \_\_\_\_\_

\*\*You need to be a 2016 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 S. 114<sup>th</sup> Street, West Allis, WI 53227

WAUWATOSA CENTER			
Thurs.	Coffee House		\$40
Sat.	Create & Celebrate		\$35

GENERATIONS CENTER			
Tues.	9/6-12/6 Scrapbooking		\$40
Thurs.	9/8-12/8 Ceramics Club		\$55
Sun.	9/11 Fall Kickoff Party		\$15
Sun.	9/18 Leaf Art		\$15
Sun.	9/25 Card Game Fun		\$15
Sun.	10/2 Fall Bingo Party		\$15
Sun.	10/9 Karaoke Party		\$15
Sun.	10/16 Making Spooky Snacks		\$15
Sun.	10/23 Pumpkin Projects		\$15
Sun.	10/30 Costume Party		\$15
Sun.	11/6 Carnival Day		\$15
Sun.	11/13 Holiday Card Creations		\$15
Sun.	11/20 Thanksgiving Party		\$15
<b>DEAL</b>	<b>Sunday Fun-Day Deal (sign up for all 11 Sunday Programs at West Allis)</b>		<b>\$150</b>

COMMUNITY OUTINGS			
Sat.	9/10 Movies at Value Cinema		\$10
Sun.	9/18 Applebee's		\$20
Sun.	10/2 Cider Sunday at Wer Nature Center		\$20
Sat.	10/15 Perkins Family Restaurant		\$20
Sun.	10/30 Movies at Value Cinema		\$10
Sun.	11/13 Organ Piper Pizza		\$20
Sat.	11/19 Holiday Folk Fair (State Fair Expo)		\$10
Sun.	11/27 Elf: The Musical		\$43

ANNUAL PANCAKE BREAKFAST at WIL-O-WAY GRANT Sunday, December 11 - 10:00 a.m. to 12:00 noon			
# Attending	You must pre-register in order to attend.		
	Annual Pancake Breakfast		Free

# 2016 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

## Caregiver Information

Does participant have a caregiver?  Yes  No

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

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

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

## 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: \_\_\_\_\_

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

Please Complete Next Page



# 2016 Annual Information Form (continued)

Complete both sides of the form. This information is required to secure funding for our programs.

## Personal Information

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

## 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

### Type of assistance household receives:

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

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): \_\_\_\_\_

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the 2016 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: \_\_\_\_\_