

2016

Registration & Information Form

For All Participants, New and Returning

Follow the instructions and checklist below:

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

Easter Seals Southeast Wisconsin
c/o Amy Look
2222 S. 114th 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. 9th Street Room 307-B
Milwaukee, WI 53233

Find the Registration & Information Form and
the 2016 Key Card Application at
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
Wed.	Ceramics Night Owls		\$55
Fri.	6/3 Black + White Night		\$7/\$8
Fri.	6/17 Hawaiian Luau		\$7/\$8
Fri.	7/1 Stars & Stripes Party		\$7/\$8
Fri.	7/15 Graffiti Dance		\$7/\$8
Fri.	7/29 80's Night		\$7/\$8
Fri.	8/12 Glow Party		\$7/\$8
DEAL	Grant Dance Deal		\$35
WIL-O-WAY UNDERWOOD			
Tues.	Easter Seals Color Guard		Free
Thurs.	Snacks & Bingo		\$40
Fri.	5/27 Summer Kickoff Dance		\$7/\$8
Fri.	6/24 Sock Hop		\$7/\$8
Fri.	7/8 Red, White + Blue Dance		\$7/\$8
Fri.	7/22 Neon Night		\$7/\$8
Fri.	8/5 Smooth R & B		\$7/\$8
DEAL	W.O.W. Underwood Dance Deal		\$28
MOOSE LODGE			
Fri.	5/27 Start of Summer Celebration		\$7/\$8
Fri.	6/10 Country Night		\$7/\$8
Fri.	6/24 Neon Dance		\$7/\$8
Fri.	7/8 Patriotic Party		\$7/\$8
Fri.	7/22 Pop & Hip Hop		\$7/\$8
Fri.	8/5 Disco Night		\$7/\$8
DEAL	Moose Lodge Dance Deal		\$35
AMF WEST LANES			
* Bowling requires the add'l fee listed each time you bowl			
Wed.	High Rollers Bowling (+\$6.25 ea. time)		\$22
Wed.	Special Olympics Bowling (+\$7.50ea.)		\$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. 114th Street, West Allis, WI 53227

WAUWATOSA CENTER			
Sat.	Create N' Celebrate		\$35
GENERATIONS CENTER			
Tues.	Craft Crazy		\$35
Thurs.	Ceramics Club		\$55
Sat.	Fun-Tastic Saturday		\$30
Sun.	6/12 Summer Kickoff Party		\$15
Sun.	6/19 Paint With Purpose		\$15
Sun.	6/26 Independence Day Fun		\$15
Sun.	7/10 Summer Bingo Party		\$15
Sun.	7/17 Hawaiian Day		\$15
Sun.	7/24 Carnival Day		\$15
Sun.	7/31 Crafts and Card Games		\$15
Sun.	8/7 August Bingo Party		\$15
Sun.	8/14 Healthy Summer Snacks		\$15
DEAL	Sunday Fun-Day Deal (sign up for all nine Sunday Programs at West Allis)		\$120
COMMUNITY OUTINGS			
Wed.	6/8 - 8/10 League Night NEW!		\$25
Sat.	6/11 Old World Third Street Walking Food Tour		\$60
Sat.	6/18 Historic Greendale Village		\$10
Sat.	6/25 Picnic at the Lakefront		\$10
Tues.	6/28 Milw. Brewers vs. LA Dodgers		\$20
Sun.	7/10 Brunch-Boerner Botanical Gardens		\$30
Sat.	7/16 Applebee's		\$20
Sun.	7/24 Organ Piper Pizza		\$20
Thurs.	7/28 Milw. Brewers vs. Arizona Diamondbacks		\$20
Sat.	7/30 Movies at Value Cinema		\$10
Fri.	8/5 Miller Park: Private Tour!		\$12
Sat.	8/13 Movies at Value Cinema		\$10
Mon.	9/26 Recreation Connections @ WOW Underwood		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): _____

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:

If other than English: _____ 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: _____