

2017

Registration & Information Form

For All Participants, New and Returning

Follow the instructions and checklist below:

- ☐ Complete 2017 Spring Registration Form
- ☐ Complete both sides of the 2017 Annual Information Form
- ☐ Spring registration fees are payable to Easterseals Southeast Wisconsin
- ☐ Mail with Payment to:

Easterseals Southeast Wisconsin
c/o Recreation Supervisor
2222 S. 114th Street
West Allis, WI 53227

- ☐ Complete 2017 Key Card Application
- ☐ Key Card fees are payable to the Milwaukee County Treasurer
- ☐ Mail Key Card Application with Payment to:

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

The Recreation Program Registration & Information Form
and the 2017 Key Card Application can also be found at
<http://www.easterseals.com/wi-se/our-programs/camping-recreation/>

2017 Spring 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: \$7 dance price is for Key Card members only.
 \$13 prom price is for Key Card members only.

How did you hear about our recreation programs?

- ☐ Family/Friend ☐ Easterseals Website ☐ Email
☐ Facebook/Twitter ☐ Mailing ☐ Case Worker
☐ Milw. County ☐ Other: _____

2017 Key Card # _____

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:

Easterseals Southeast Wisconsin

Mail to: 2222 S. 114th Street, West Allis, WI 53227

WIL-O-WAY GRANT			
	Mon.	Special Olympics Basketball	\$28
	Mon.	Fabulously Fit	\$30
	Wed.	2/1-4/26 Ceramics Night Owls	\$55
	Fri.	2/3 Balloon City	\$7/\$8
	Fri.	2/17 Graffiti	\$7/\$8
	Fri.	3/3 Superhero Swing	\$7/\$8
	Fri.	3/17 Candy Land	\$7/\$8
	Fri.	4/7 90's	\$7/\$8
	DEAL	Grant Dance Deal-5 Dances+Snacks Save \$10! (must be Key Card Member)	\$30
	Fri.	4/21 Under the Sea Prom	\$13/\$14
WIL-O-WAY UNDERWOOD			
	Tues.	2/7-4/25 Easterseals Color Guard	Free
	Tues.	2/7-4/25 ALS	\$30
	Thurs.	2/2-4/27 Bingo Night	\$40
	Fri.	2/10 Cupid's Dance	\$7/\$8
	Fri.	2/24 Neon Night	\$7/\$8
	Fri.	3/10 Jungle	\$7/\$8
	Fri.	3/24 Spring Dance Off	\$7/\$8
	Fri.	4/14 Dr. Suess	\$7/\$8
	DEAL	Underwood Dance Deal-5 Dances+Snacks-Save \$10! (must be Key Card Member)	\$30
	Fri.	4/28 Under the Sea Prom	\$13/\$14
MOOSE LODGE			
	Fri.	2/10 Valentine's Dance	\$7/\$8
	Fri.	2/24 Glow Dance	\$7/\$8
	Fri.	3/10 Zoo	\$7/\$8
	Fri.	3/24 Tie-Dye	\$7/\$8
	Fri.	4/14 Emerald City	\$7/\$8
	Fri.	Moose Lodge Dance Deal-5 Dances+Snacks-Save \$10! (must be Key Card Member)	\$30
AMF WEST LANES			
(Bowling requires an add'l \$6.25 to AMF each time you bowl)			
	Wed.	2/1-4/26 High Rollers Bowling (+\$6.25 to AMF ea. time)	\$22
	Thurs.	2/2-4/27 Bowling Bash (+\$6.25 to AMF ea. time)	\$22

WAUWATOSA CENTER			
	Wed.	Café	\$40
	Thurs.	Cooking Class	\$35
GENERATIONS CENTER			
	Tues.	2/7-4/25 Classy Crafting	\$40
	Thurs.	2/2-4/27 Ceramics Club	\$55
	Sun.	2/5 Super Bowl Party	\$15
	Sun.	2/12 BINGO	\$15
	Sun.	2/19 Bake-A-Cake	\$15
	Sun.	2/26 Wood Crafts	\$15
	Sun.	3/5 BINGO	\$15
	Sun.	3/12 Tie-Dye	\$15
	Sun.	3/19 Wii Fitness Games	\$15
	Sun.	3/26 Printmaking	\$15
	Sun.	4/2 BINGO	\$15
	Sun.	4/9 Spring Celebration	\$15
	Sun.	4/23 Prom Crafts	\$15
	DEAL	Sunday Funday Deal (All 11 Programs-Save \$15)	\$150
COMMUNITY OUTINGS			
	Sun.	*1/29 Wave vs. Rampage	\$15
	Sat.	2/11 Movies at Value Cinema	\$10
	Mon.	*2/13 Bucks vs. Pistons	\$40
	Sun.	2/19 Jack and the Beanstalk	\$12
	Sun.	10/30 Movies at Value Cinema	\$10
	Sat.	2/25 Milw. Public Library	\$10
	Sun.	2/26 Dave & Buster's	\$35
	Sat.	3/4 Mitchell Park Domes	\$12
	Sat.	3/11 Robin Hood	\$35
	Sat.	3/25 Organ Piper Pizza	\$20
	Sun.	*3/26 Admirals vs. Griffins	\$20
	Sat.	4/1 Olive Garden	\$20
	Sat.	4/8 Make a Meal	\$20
	Sat.	4/22 Applebee's	\$20
*Key Card Members only			
ANNUAL SNOWMOBILE FESTIVAL at WIL-O-WAY UNDERWOOD			
Saturday, February 4 - 11:00am to 4:00pm			
# Attending (You must register in order to attend!)			
	Snowmobile Festival		Free

2017 Annual Information Form

EACH PARTICIPANT MUST COMPLETE THIS FORM

Last Name: _____ First: _____ Email: _____

Address: _____

Phone #: _____ Alternate Phone #: _____

PHOTO RELEASE: I grant permission to Easterseals 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 Easterseals 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

**Easterseals 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



2017 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

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

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 2017 Easterseals Recreation Guidebook. I also hereby absolve and hold harmless Milwaukee County Office for Persons with Disabilities, Easterseals 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: _____