

# 2019

## Registration & Information Form

### For All Participants, New and Returning

**Follow the instructions and checklist below:**

- Complete 2019 Summer Registration Form
- Complete both sides of the 2019 Annual Information Form
- Summer 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 2019 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. 9<sup>th</sup> Street Room 307-B**  
**Milwaukee, WI 53233**

The Recreation Program Registration & Information Form  
and the 2019 Key Card Application can also be found at  
<http://www.easterseals.com/wi-se/our-programs/camping-recreation/>

# 2019 Fall Recreation Registration Form

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

Agency/Group Home: \_\_\_\_\_

Agency Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

2019 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.

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

**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. 114<sup>th</sup> Street, West Allis, WI 53227

**Please mark the programs of your choice.**  
*Note: \$7 dance price is for Key Card members only.*

WIL-O-WAY GRANT			
Wed.	9/25-12/4	General Art	\$55
Fri.	9/20	We're Going Camping! Dance	\$7/\$8
Fri.	10/4	Fall Fest Dance	\$7/\$8
Fri.	10/18	Halloween Party Dance	\$7/\$8
Fri.	11/1	80's Dance	\$7/\$8
Fri.	11/15	Frozen Turkey Dance	\$7/\$8
<b>DEAL</b>	<b>Grant Dance Deal-4 Dances+Snacks Save \$5! (must be Key Card Member)</b>		<b>\$30</b>
Fri.	12/6	Little Italy Prom	\$13/14
WIL-O-WAY UNDERWOOD			
Tues.	9/24-12/3	Easterseals Color Guard/Striders	Free
Thurs.	9/26-12/5	Bingo Night	\$35
Fri.	9/27	Trivia Night - Football	\$7/\$8
Fri.	10/11	Pumpkin Fest	\$7/\$8
Fri.	10/25	Spooky Friday	\$7/\$8
Fri.	11/8	Candle Light	\$7/\$8
Fri.	11/22	Thanksgiving Friends	\$7/\$8
<b>DEAL</b>	<b>Underwood Dance Deal-4 Dances+ Snacks save \$5! (must be Key Card Member)</b>		<b>\$30</b>
Fri.	12/13	Little Italy Prom	\$13/\$14
MOOSE LODGE			
Fri.	9/27	Trivia Night - Football	\$7/\$8
Fri.	10/11	Pumpkin Fest	\$7/\$8
Fri.	10/25	Spooky Friday	\$7/\$8
Fri.	11/8	Candle Light	\$7/\$8
Fri.	11/22	Thanksgiving Friends	\$7/\$8
<b>DEAL</b>	<b>Moose Lodge Dance Deal-4 Dances+ Snacks save \$2! (must be Key Card Member)</b>		<b>\$30</b>
AMF WEST LANES			
(Bowling requires an add'l \$6.25 to AMF each time you bowl)			
Wed.	9/25-12/4	High Rollers/Special Olympics Bowling (+\$6.25 to AMF ea. time)	\$22
Thurs.	9/26-12/5	Bowling Bash (+\$6.25 to AMF ea. time)	\$22

GENERATIONS CENTER			
Tues.	9/24	Taco Tuesday	\$20
Tues.	10/1	Tomato Soup and Grilled Cheese Night	\$20
Tues.	10/15	Karaoke and Nacho Night	\$20
Tues.	11/5	Hot Chocolate and Cookies	\$20
Tues.	11/19	Pizza Bingo Night	\$20
Sun.	9/22	Paint and Juice	\$20
Sun.	10/6	Caramel Apple Decorating	\$20
Sun.	10/20	Meditation and Tea	\$20
Sun.	11/3	Fall Pot Luck	\$20
Sun.	11/10	Breaking the Bread	\$20
Sun.	11/17	Holiday Baking	\$20
SAVE THE DATE			
Sun.	9/29	Burgers and Milkshakes	\$25
Sat.	12/7	Santa Breakfast	Free
COMMUNITY OUTINGS			
Sun.	9/22	Greenfield Farmer's Market	\$15
Sat.	9/28	MOD Pizza	\$15
Sat.	10/5	Adventure Rock Climbing	\$30
Sat.	11/9	Round 1 Bowling	\$30
Sat.	11/16	AJ Boumbers	\$35
Sat.	11/23	Ruby Tuesdays	\$35
MONDAY MUNCHIES			
Mon.	9/30	Portillos	\$20
Mon.	10/14	Fazoli's	\$20
Mon.	11/4	Big Deal Burger	\$20
Mon.	12/2	Qdoba	\$20
<b>DEAL</b>	<b>Sign Up for All 4 Monday Munchies and Save \$5</b>		<b>\$75</b>

# 2019 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**

# 2019 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 #: \_\_\_\_\_

## 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-\$9,999  \$37,000-\$49,999  
 \$10,000-\$14,999  \$50,000-\$74,999  
 \$15,000-\$24,999  \$75,000 or more

### Type of assistance household receives:

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

### Participant has health insurance:

- Yes  No  Unknown

If yes, type of insurance:

- Medicaid  Medicare  Private  HMO  Title 19 HMO  Other: \_\_\_\_\_

### Family Status:

- Single  Unmarried Couple-Partnership/children  
 Single parent  Unmarried Couple-Partnership/no children  
 Married Couple/children  Other: \_\_\_\_\_  
 Married Couple/no children

### 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  Lives with partner  Lives in a nursing home  Homeless  
 Rents  Lives with family  Multiple family residence  Foster Home  
 Lives alone  Lives with parent or relative  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 2018 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:** \_\_\_\_\_