

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. 9th 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 Summer 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: _____

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.

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

Please mark the programs of your choice.

Note: \$7 dance price is for Key Card members only.

WIL-O-WAY GRANT			
	Wed.	6/5-8/28 General Art	\$55
	Fri.	6/7 Great Gatsby Dance	\$7/\$8
	Fri.	7/12 Egyptian Dance	\$7/\$8
	Fri.	8/16 Casino Dance	\$7/\$8
	Fri.	8/23 Neon Dance	\$7/\$8
	DEAL	Grant Dance Deal-4 Dances+Snacks Save \$2! (must be Key Card Member)	\$30
WIL-O-WAY UNDERWOOD			
	Tues.	6/4-8/27 Easterseals Color Guard	Free
	Thurs.	6/6-8/29 Bingo Night	\$35
	Fri.	6/14 Tropical Getaway Dance	\$7/\$8
	Fri.	6/28 Safari Night Dance	\$7/\$8
	Fri.	7/26 Magic Dance	\$7/\$8
	Fri.	8/9 Slumber Party Dance	\$7/\$8
	DEAL	Underwood Dance Deal-4 Dances+ Snacks save \$2! (must be Key Card Member)	\$30
MOOSE LODGE			
	Fri.	6/14 Sock Hop Dance	\$7/\$8
	Fri.	6/28 Magic Dance	\$7/\$8
	Fri.	7/26 Starry Night Dance	\$7/\$8
	Fri.	8/2 Disney Dance	\$7/\$8
	DEAL	Moose Lodge Dance Deal-4 Dances+ Snacks save \$2! (must be Key Card Member)	\$30
AMF WEST LANES			
(Bowling requires an add'l \$6.25 to AMF each time you bowl)			
	Wed.	6/5-8/28 High Rollers/Special Olympics Bowling (+\$6.25 to AMF ea. time)	\$22
	Thurs.	6/6-8/29 Bowling Bash (+\$6.25 to AMF ea. time)	\$22

GENERATIONS CENTER			
	Tues.	6/11 Taco Tuesday	\$20
	Tues.	6/25 Paint and Juice	\$20
	Tues.	7/9 Tie-Dye Tuesday	\$20
	Tues.	7/23 Game Night	\$20
	Tues.	8/6 Tea and Yoga	\$20
	Tues.	8/20 Summer Social	\$20
	Sun.	6/2 Pasta Party	\$25
	Sun.	6/23 Talent Show	\$25
	Sun.	7/7 4th of July Party	\$25
	Sun.	7/21 Picture Perfect	\$25
	Sun.	8/11 Science Camp	\$25
	Sun.	8/18 Just for the Health of It	\$25
COMMUNITY OUTINGS			
	Sat.	6/8 Milwaukee Public Market	\$15
	Sat.	6/15 Milwaukee Public Museum	\$25
	Fri.	6/21 AM Sailing at MKE Community Sailing Center	Free
	Fri.	6/21 PM Sailing at MKE Community Sailing Center	Free
	Sat.	6/29 Picnic in the Park	\$15
	Sat.	7/13 Balistreri's Blue Mound Inn	\$35
	Sat.	7/27 TGIF at Miller Park	\$33
	Sat.	8/10 Applebee's	\$33
	Sat.	8/17 Zoo a La Carte	\$20
MONDAY MUNCHIES			
	Mon.	6/17 Good Ol' Italian Kitchen at Johnny V's	\$20
	Mon.	7/15 Mood Food at Big Deal Burgers and Custard	\$20
	Mon.	8/19 Breakfast for Dinner at Myers Restaurant	\$20
	DEAL	Sign Up for All 3 Monday Munchies and Save \$5	\$55

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 #: _____

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-\$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: _____