

Spring 2024

Adult Recreation Programs

March 4, 2024 - May 31, 2024

Brought to you
in partnership
with the



Name: _____
Agency/Group Home: _____
Agency Phone Number: _____
Email: _____
Address: _____
City: _____ **Zip:** _____
Home Phone: _____ **Cell:** _____
Transportation: ☐ Cab ☐ Car ☐ City Bus
☐ First Transit ☐ Transit Express **Other:** _____

Drop off and Pick Up:

Kindly arrive 15 minutes before the program's scheduled start time. Participants will only be permitted to enter the program area 15 minutes prior to the beginning. Please arrange transportation accordingly to ensure a smooth experience.

G = Wil-O-Way Grant

207 S Lake Drive, South Milwaukee

UW = Wil-O-Way Underwood

10602 Underwood Parkway, Wauwatosa

AMF = AMF West Lanes

7505 W Oklahoma Ave, Milwaukee

***Saturday outing locations
listed under descriptions.**

PLEASE MARK THE PROGRAMS OF YOUR CHOICE - CLASSES CAN BE SELECETED INDIVIDUALLY OR BY SESSION.

Tuesday Bowling			
Tu	3/5	Bowling @ AMF	
Tu	3/12	Bowling @ AMF	
Tu	3/19	Bowling @ AMF	
Tu	3/26	Bowling @ AMF	
Tu	4/2	Bowling @ AMF	
Tu	4/9	Bowling @ AMF	
Tu	4/16	Bowling @ AMF	
Tu	4/23	Bowling @ AMF	
Tu	4/30	Bowling @ AMF	
Tu	5/7	Bowling @ AMF	
Tu	5/14	Bowling @ AMF	
Tu	5/21	Bowling @ AMF	
Tu	5/28	Bowling @ AMF	
Entire Bowling Session \$44			

Spring Sports (Wednesdays)				
W	3/6	Spring Sports @ G	\$10	
W	3/13	Spring Sports @ G	\$10	
W	3/20	Spring Sports @ G	\$10	
W	3/27	Spring Sports @ G	\$10	
W	4/3	Spring Sports @ G	\$10	
W	4/10	Spring Sports @ G	\$10	
W	4/17	Spring Sports @ G	\$10	
W	4/24	Spring Sports @ G	\$10	
W	5/1	Spring Sports @ G	\$10	
W	5/8	Spring Sports @ G	\$10	
W	5/15	Spring Sports @ G	\$10	
W	5/22	Spring Sports @ G	\$10	
W	5/29	Spring Sports @ G	\$10	
Entire Spring Sports Session			\$130	

Spring Blooms (Thursdays)				
Th	3/7	Spring Blooms @ UW	\$10	
Th	3/14	Spring Blooms @ UW	\$10	
Th	3/21	Spring Blooms @ UW	\$10	
Th	3/28	Spring Blooms @ UW	\$10	
Th	4/4	Spring Blooms @ UW	\$10	
Th	4/11	Spring Blooms @ UW	\$10	
Th	4/18	Spring Blooms @ UW	\$10	
Th	4/25	Spring Blooms @ UW	\$10	
Th	5/2	Spring Blooms @ UW	\$10	
Th	5/9	Spring Blooms @ UW	\$10	
Th	5/16	Spring Blooms @ UW	\$10	
Th	5/23	Spring Blooms @ UW	\$10	
Th	5/30	Spring Blooms @ UW	\$10	
Entire Spring Blooms Session			\$130	

Friday Night Dances				
F	3/8	Dance @ G	\$7*/\$8	
F	3/22	Dance @ UW	\$7*/\$8	
F	4/5	Dance @ G	\$7*/\$8	
F	4/19	Dance @ UW	\$7*/\$8	
F	5/3	Dance @ G	\$7*/\$8	
F	5/17	Dance @ UW	\$7*/\$8	
Entire Session Dances *Discounted rate for Key Card Members			\$42*/\$48	
Saturday Outings				
Sa	3/9	Pho Ever	\$30	
Sa	3/23	Olive Garden	\$30	
Sa	4/6	New China Buffet	\$30	
Sa	4/20	Senor Loco	\$30	
Sa	5/4	Andrea's	\$30	
Sa	5/18	Applebee's	\$30	
Entire Session Outings			\$180	

Total Payment Due \$ _____

How will you be paying for your recreation programs?

Payment can be made via cash, check, or credit card.

For credit card payment please call 414-449-4444

Authorizations for any other form of payment must be received prior to start of programming.

Payment Contact Information:

Name: _____

Phone: _____

Email: _____

Make checks for registration only payable to:

Easterseals Southeast Wisconsin

6737 W Washington Street, Suite 4205

West Allis, WI 53214

Given the pre-purchase of tickets or supplies for our programs and outings, we regret to inform you that we are unable to provide refunds for non-attendance. However, in the event of program cancellation by Easterseals or if your chosen program is at capacity, you will either receive credit for another program or a refund.

ONGOING ACTIVITIES

Bowling

Unleash your bowling skills at AMF's popular bowling nights! Bring your gear or rent shoes and balls, compete solo or with friends for top scores, and enjoy delicious snacks for purchase. Join us for strikes, spares, and endless fun!

- Location: AMF West Lanes
 - 7505 W Oklahoma Ave, Milwaukee WI 53219
- Date: Tuesdays
- Time: 6:00 pm - 8:00 pm
- Price: \$44 session fee upfront - participants need to bring the \$7 lane fee with them each week.

Spring Sports

Experience the joy of sports! We will explore sports such as basketball, pickleball, chair volleyball, disc golf, and much more! Activities will be adapted so all can join!

- Location: Wil-O-Way Grant
 - 207 S Lake Drive South Milwaukee WI 53172
- Date: Wednesdays
- Time: 6:00 pm - 8:00 pm
- Price: \$10/night

Spring Blooms (Gardening)

Have a green thumb? Join us in creating our own garden of both veggies and flowers. We will also learn more about composting.

- Location: Wil-O-Way Underwood
 - 10602 Underwood Pkway, Wauwatosa
- Date: Thursdays
- Time: 6:00 pm - 8:00 pm
- Price: \$10/night

Friday Night Dances

Gather your friends and groove to the rhythm at our Friday Night Dance Party! Let loose on the dance floor as we spin a mix of the greatest hits from the 80s, 90s, and today. Indulge in tasty concessions and pizza available for purchase. We can't wait to see you on the dance floor!

- Location: Wil-O-Way Grant
 - 207 S. Lake Drive, South Milwaukee
- OR Wil-O-Way Underwood
 - 10602 Underwood Pkway, Wauwatosa
- Dates: Fridays
- Time: 6:00 pm - 8:00 pm
- Price: \$8/dance or \$7/dance if key card member*

***Send Key Card registration and payment to Milwaukee County OPD. Membership is good for one calendar year. All new and past members must fill out a 2023 key card application. Sign up today so you can take advantage of the reduced dance prices and access to the Milwaukee County OPD Ticket Distribution Program.**



SATURDAY OUTINGS

Explore foods from around the world

Pho Ever (Vietnamese)

- Address: 5740 S 108th Street Hales Corners, WI 53130
- Date: 3/9/24
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Pho Ever is famous for the very freshest Vietnamese dishes. Pho is a traditional Vietnamese soup consisting of broth, noodles, meat, and fresh herbs.

Olive Garden (Italian)

- Address: 4760 76th Street Greenfield, WI 53220
- Date: 3/23/24
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Traditional Italian food and family style dining.

New China Buffet (Chinese)

- Address: 2830 S 108th Street Milwaukee WI 53227
- Date: 4/6/24
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Authentic Chinese cuisine in a buffet style.



Senor Loco inside of Romines (Mexican)

- Address: 6125 South 27th Street Milwaukee WI 53221
- Date: 4/20/2024
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Authentic Mexican food within Romines pool hall. Enjoy tacos, enchiladas, burritos, and much more! Don't forget to start with chips and salsa or guacamole!

Andrea's Family Restaurant

- Address: 5921 S Packard Ave Cudahy WI 53110
- Date: 5/4/2024
- Time: 9am-11am
- Price: \$30 includes supervision, meal, and drink

Family dining with a wide variety of choices.

Applebee's Grill and Bar

- Address: 7135 S 13th St Oak Creek WI 53154
- Date: 5/19/2024
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Full-service bar and grill providing hearty American eats in an informal setting.



Last Name: _____ **First Name:** _____

Address: _____

Phone # _____ **Alternate Phone #** _____ **Email:** _____

Birth Date: ____/____/____ **Age:** _____ **Gender:** ☐ Male ☐ Female

Social Security # _____ - _____ - _____ **or Medicaid #:** _____

Medical Information

Physician's Name: _____ **Phone Number:** _____

Insurance Provider: _____ **Insurance Number:** _____

Please provide a list of all medications including dosage and frequency.

Easterseals Staff will not administer medications. This information will be shared with EMS in a medical emergency.

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 maybe released to the general public. ☐ Yes ☐ No

Self/Parent/Guardian Signature: _____

Please check all that are appropriate (to better serve the participant):

Degree of disability:

☐ Mild ☐ Moderate ☐ Severe

Behavior:

- ☐ Generally Easy-Going / Happy
☐ Shy / Withdrawn
☐ Unsure of New Situations
☐ Helpful
☐ Verbally Aggressive / Demanding
☐ Physically Aggressive
☐ Wanders / Needs Continuous Direction
☐ Other: _____

Please check all that apply to 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: _____

Does the participant need 1:1 instruction?

☐ Yes ☐ No

Independence doing Activities:

☐ None ☐ Partial ☐ Total

Assistance needed with eating:

☐ None ☐ Partial ☐ Total

Assistance needed with handling money:

☐ None ☐ Partial ☐ Total

Communication:

- ☐ Verbal
☐ Non-Verbal
☐ Communication Board
☐ Sign Language
☐ Gestures
☐ Other: _____

Hearing:

- ☐ Normal
☐ Normal with Aid
☐ Partial Loss
☐ Partial with Aid
☐ Legally Deaf

Vision:

- ☐ Unimpaired
☐ Night Blindness
☐ Color Blind
☐ Partial Sight
☐ Legally Blind

Mobility:

- ☐ Ambulatory
☐ Braces
☐ Cane
☐ Wheelchair
☐ Scooter
☐ Walker
☐ Motorized Wheelchair

Assistance needed with mobility:

☐ None ☐ Partial ☐ Total

Allergies: Explain Allergy if Applicable

- ☐ None
☐ Animals Environment
☐ Food Medicine
☐ Other: _____

Diabetic:

- ☐ No
☐ Yes (provide further detail of limitations)

Diet:

- ☐ Standard
☐ Low Salt
☐ Chopped Food
☐ Low Calorie
☐ Blended/pureed
☐ No Sugar
☐ Other: _____

Seizures:

- ☐ None
☐ Petit Mal
☐ Grand Mal
☐ Tonic Clonic
☐ Non-Convulsive
☐ Nocturnal
☐ Psychomotor
☐ Mixed
☐ Drop Seizures

Frequency: _____

Assistance needed with toileting:

☐ None ☐ Partial ☐ Total

***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.**



2024 Annual Information Form (continued)

Last Name: _____ First Name: _____

Caregiver Information: Does the participant have a caregiver? ☐ Yes ☐ No

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Group Home Agency Contact Information:

Group Home Name: _____ Contact Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information:

Parent/Guardian: _____

Phone # _____ Alternate Phone # _____ Email _____

Emergency Contact Name: Relationship: _____

Phone # _____ Alternate Phone # _____ Email _____

Vital Information (This information is required to help secure funding for our programs.):

I live:

- ☐ Alone ☐ With my family ☐ In a group home
☐ With an attendant ☐ In a health care center

Family Status:

- ☐ Single ☐ Single parent ☐ Married Couple/children
☐ Married Couple/no children

Household Type (check all that apply):

- ☐ Owns home ☐ Rents ☐ Lives Alone ☐ Lives with partner
☐ Lives with family ☐ Lives with parent or relative
☐ Lives in a nursing home ☐ Multiple family residence
☐ Lives in a group home ☐ Homeless ☐ Foster Home

During the day, I:

- ☐ Attend school ☐ Work ☐ Attend day program ☐ Stay home

Household Annual Income:

- ☐ \$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: _____

Employment Status:

- ☐ Works full-time ☐ Works part-time ☐ Does not work ☐ Retired

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
☐ Post-Graduate or Above

First Language:

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French
☐ German ☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese
☐ Cambodian ☐ Urdu ☐ Other: _____
☐ Does not speak

Second Language:

- ☐ English ☐ Spanish ☐ Chinese ☐ Hmong ☐ French ☐ German
☐ Hindi ☐ Bantu ☐ Laotian ☐ Vietnamese ☐ Cambodian ☐ Urdu
☐ Other: _____

Armed Services:

- Active Duty? ☐ Yes ☐ No
National Guard/Reserve? ☐ Yes ☐ No
Veteran? ☐ Yes ☐ No
Member of a Military/Veteran Family? ☐ Yes ☐ No

Race/Ethnicity:

- ☐ African American/Black ☐ Caucasian/White ☐ Native
Hawaiian/Pacific Islander ☐ Asian ☐ Hispanic/Latino
☐ Middle Eastern ☐ Native American

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the 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. Please call 414-840-9740 or email shellyr@eastersealswise.com if you have questions or concerns.

Self/Parent/Guardian Signature: _____

Print Name: _____ Date: _____

2024 Wil-O-Way Key Card

The Wil-O-Way Key Card is a product of the Milwaukee County Office for Persons with Disabilities and the Wil-O-Way Recreation Program. Membership in the Wil-O-Way Key Card program expands recreational opportunities for persons with disabilities at a reduced or no cost.

Yearly Membership runs from January 1st – December 31st

ALL communication by EMAIL ONLY!!!

MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$25)

*** AFTER August 1, 2023 ***

___ (\$12)

NON-MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$35)

*** AFTER August 1, 2023 ***

___ (\$17)

BENEFITS INCLUDED

- Discounted / free ticket offers to Admirals, Bucks, Brewers games
- Wil-O-Way Recreation Program Discounts
- Discounted ticket offers to Marcus Center of Performing Arts, Fiserv Forum, and other local / special events
- Monthly emails regarding additional recreational opportunities

Please Type or Print

EMAIL ADDRESS NEEDED!!!

NAME _____ EMAIL _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

DISABILITY: _____

FUNCTIONAL LIMITATIONS (i.e., limited walking, scared of heights, etc.): _____

MOBILITY DEVICES USED: _____ Wheelchair _____ Scooter _____ Walker _____ Cane

_____ Crutches _____ Long Leg Braces _____ Other _____

DOCTOR'S NAME: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Payment

Checks: Should be made payable to: Milwaukee County Treasurer

Credit Cards: (Please circle appropriate card) MasterCard VISA

Name on Card: _____ Acct. #: _____

Charge Authorized: \$ _____ Exp. Date: _____

Signature: _____ Sec. Code (3 digits): _____

Mail: Office for Persons with Disabilities, Wil-O-Way Key Card, 1220 W. Vliet Street, Room 302L, Milwaukee, WI 53205

Fax 414-278-3939 Email: jacqueline.formanek@milwaukeecountywi.gov or michael.bonk@milwaukeecountywi.gov

Questions: Call 414-278-3930

