



EASTER SEALS SOUTHEAST WISCONSIN 2010 SUMMER RESPITE CAMP PROGRAMS

for Children, Teens and Adults with Disabilities



Milwaukee County
Office for Persons with Disabilities

CAMP LOCATIONS
Holler Park Recreation Center
Schuetze Recreation Center
Wil-O-Way Grant Recreation Center
Wil-O-Way Underwood Recreation Center



Waukesha Parks
Recreation & Forestry Department

All★Stars



Thank you to the 2009 Wil-O-Way Campers for giving us this year's theme!



CAMP REGISTRATION POLICIES AND PROCEDURES

*Please read the following policies and procedures before registering for the 2010 Summer Respite Camp season. If you have any questions about the outlined policies, please call the Holler Park Recreation Center at 414-482-0133.

REGISTRATION

To register for the Summer Respite Camp of your choice, please complete the application form on pages 4-9 for Camp Wil-O-Way and Outdoor Adventure Camp and pages 12-17 for Holler Park and SPARC Camps. Your camp registration will NOT be processed unless all application pages are completed and signed, a photo is enclosed and your deposit/registration fee is included with your application. Applications will be accepted on a first come, first serve basis. Summer Respite camps fill up very quick, so please send in all completed information as soon as possible. WE DO NOT ACCEPT FAXED APPLICATIONS.

ACCEPTANCE

When your completed application is received with your camp deposit/registration fee and a recent photo, you will be mailed an acceptance form with your remaining balance and payment due date. You will also receive a Camp Countdown Calendar to track the number of days until camp. In June, you will receive a packet with information relating to your group assignment, calendar of activities, wish list, field trips and open house dates and times. If you have registered for a camp session that is full, you will be notified by phone and placed on a waiting list. If an opening does not occur, your camp deposit/registration fee will be refunded in full.

CANCELLATION AND REFUNDS

The camp deposit/registration fee is non-refundable unless you are on the waiting list for camp and are not accepted. If you are discharged from camp, you will be considered for a pro-rated refund. Refund of camp fees are subject to evaluation of the situation on a case by case basis and must be an urgent and/or extenuating circumstance.

PAYMENT

The initial camp deposit/registration fee is due when the camp application is submitted. All payment deadlines are outlined in each section of the camp application. If you do not make the appropriate payment within the timeframe which you agreed, you will not be able to attend camp until your payment is made.

If your camp fees are being paid for by funding sources such as the Autism Waiver, Family Care, or through the Department of Health and Human Services, please indicate on your application the name and phone number of your Case Manager. All funding must be confirmed by Easter Seals Southeast Wisconsin prior to authorization of payment.

RETURNED CHECK POLICY

All checks returned for insufficient funds, account closed or no account will be assessed a \$30.00 fee plus the cost of the outstanding camp fee.

www.eastersealswise.com

WIL-O-WAY SUMMER RESPITE CAMP

Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin coordinates and staffs the Wil-O-Way Summer Respite Camp program at two locations in Milwaukee northwest and southeast sites.

*** Please Note: This camp is not to be considered a behavioral treatment program.

The Wil-O-Way Summer Respite Camp offers weekly community outings, activities, snacks, personal care and medication administration as needed. Activities such as art, basketball, dances, games, fitness, music, nature, playground, sports, and walking are held outdoors (weather permitting) in a fenced in camp area which includes a wading pool. The camp provides 2 C.N.A.'s for personal care needs and medication distribution. Easter Seals employs two year round registered nurses that C.N.A.'s may contact with any questions or concerns at anytime during the camp.

Lunch is not provided so please bring your own lunch.

ELIGIBILITY

- * First priority is given to Milwaukee County Residents (non-residents will be accepted as space permits)
- * People ages 7-60 years old with a disability
- * Application accepted on a first come, first serve basis

DATES AND HOURS (Mondays-Fridays)

Session 1: June 28-July 16

Session 2: July 19-August 6

Bus Arrival and Departure Times: 9:45 a.m.-2:45 p.m.

Wil-O-Way GRANT Recreation Center

207 Lake Drive, South Milwaukee, WI 53172
(two blocks south of College Avenue on Lake Drive)

Wil-O-Way UNDERWOOD Recreation Center

10602 Underwood Parkway, Wauwatosa, WI 53226
(north of Watertown Plank Road and east of Hwy 100)



TWO LOCATIONS

TRANSPORTATION

Easter Seals will arrange for daily round trip bus service for those that need bus transportation. The cost of the bus transportation is included in the camp fee. Camp site assignment will be determined by the location of residence and will extend the camp day by one hour.

** Please note on field trip days, campers may be picked up earlier or later than their scheduled times.*

NON-RESIDENT CAMPER TRANSPORTATION IS NOT PROVIDED.

NEW CAMPER ORIENTATION

To assist us in making this a good camp experience for the camper, new campers will have the opportunity to meet their Camp Leader and other camp staff during Open House on Friday June 25th, 2010 from 4:00p.m. - 5:00p.m. You will receive a reminder flier in the mail prior to the open house. Respite Manager and Respite Coordinator will be available for a one on one meeting with all new enrollees per camper's request by appointment prior to the camp open house date.

FEE

The actual cost is \$1260 per camper for six weeks. Milwaukee County Office for Persons with Disabilities and Milwaukee County Disability Service Division have been diligent in their efforts to keep fees as reasonable as they can. The fee covers bus transportation, field trips, art projects, t-shirt and backpack..

Milwaukee County Resident	\$255 (1 session)	\$475 (both sessions)
Non-resident	\$410 (1 session)	\$630 (both sessions)

\$100 non-refundable registration deposit is required with the application form in order to process registration. **ALL PAYMENTS MUST BE RECEIVED BY APRIL 30, 2010.**



OUTDOOR ADVENTURE CAMP

Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin designed a different camp opportunity that will be of interest to people who feel that six weeks of summer camp is not enough, have a limited amount of time to attend camp, or enjoy the outdoors and would like to learn basic skills. Outdoor Adventure Camp is designed to be a smaller, more intensive skill building experience.

Check out all these Activities and Skills that you will do in one week!

- Daily flag ceremony. Learn flag etiquette and Pledge of Allegiance
- Learn to read a map and trail skills
- Learn directions and reading a compass (you will get your own 3" compass!)
- Identify trees and wildlife
- Learn how to put up your own tent (you will get your own tent!)
- Make simple campsite food recipes (using a pudgy pie maker!)
- Participate in an overnight adventure at a Wisconsin Park Campground where we will test all of our skills
- Awards will be presented in the camp fire ceremony at the Wisconsin Park Campground

ELIGIBILITY

- * First priority is given to Milwaukee County Residents (non-residents will be accepted as space permits)
- * Eligibility: 16 and older with a disability

DATES AND HOURS

Monday, August 9-Thursday, August 12

Camp operates from 10:00 a.m. to 3:00 p.m.

Overnight Friday, August 13-Saturday August 14

Meet and depart from the Wil-O-Way of choice and take a bus to the Wisconsin Park Campground

Depart from the Wisconsin Park Campground at 9:00a.m. on Saturday, August 14.

TWO LOCATIONS

Wil-O-Way GRANT Recreation Center

207 Lake Drive, South Milwaukee

(two blocks south of College Avenue on Lake Drive)

Wil-O-Way UNDERWOOD Recreation Center

10602 Underwood Parkway, Wauwatosa

(north of Watertown Plank Road and east of Hwy 100)

**Please note there is a minimum of 10 campers needed per site to operate camp.
Less than 10 may result in combining of sites or cancellation of camp program.*

TRANSPORTATION

You must provide your own daily transportation. Transportation will be provided for the Wisconsin Park Campground overnight on Friday-Saturday. The bus will leave and return from both Wil-O-Way sites.

FEE

The fee covers: A two person vinyl tent, compass, lunches, snacks, and transportation to the Wisconsin Park Campground.

Milwaukee County Resident **\$250** Non-resident **\$275**

\$100 non-refundable registration deposit is required to be accepted.



2010 WIL-O-WAY Summer Respite Camp and Outdoor Adventure Camp Application

Please attach
one recent **photo**
(2" x 3")
It will be used for
participant
identification



For Office Use Only
_____ Pages 4 5 6 7 8 9
Payment Amount \$ _____
Payment Balance \$ _____

Has applicant ever attended Camp Wil-O-Way? Yes No

Preferred Camp Site: Grant Park Underwood Park

Sessions: June 28-July 16 July 19-August 6
 August 9-14 (Adventure Camp)

How did you hear about us? Brochure Resource Fair Website
 Word-of-mouth Other _____

Camper's Name: _____
First Middle Last Nickname

Group Age Request: Did not attend last year same group as last year Younger Age
 Same Age Older Age

Address: _____

City: _____ Zip Code: _____ Home Phone: (____) _____

Email Address: _____ Would you like to receive our e-newsletter? Yes No

Caregiver's Name: _____ Relationship: _____

Caregiver Day Phone: (____) _____ Caregiver Cell Phone: (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

Alternate Emergency Contact Name: _____ Relationship: _____

Alternate Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

Is camper in (please circle): Home School Work Day Program during the year?

Specify: _____

Birth Date: ___/___/___ Age at time of program: ___ Height: ___' ___" Weight: ___ lbs.

Disability (please check): Autism Down Syndrome Cerebral Palsy Attention Deficit Disorder
 Cognitive Disability Hearing Impairment Learning Disability Physical Disability Speech/
Language Emotional Disability Rett Syndrome Other (please list) _____

Degree of Disability: Mild Moderate Severe

Physical Limitation: Ambulation Hearing Prosthesis
 Sight Speech Spasticity None

Gender: Male Female

Heritage: African American Asian Caucasian Hispanic Native American Other

Household Income: Please check appropriate family annual income. This will assist our agency in
providing feedback to our funding sources. \$0—\$11,999 \$12,000—\$14,999

\$15,000—\$24,999 \$25,000—\$49,999 \$50,000—\$74,999 More than \$75,000

Shirt Size (50% Cotton/50% Polyester):

Child: 6/8 10/12 14/16 Adult: Sm Med Lg XL 2XL 3XL

Bus Transportation: MUST BE THE SAME EVERY WEEK UNLESS EMERGENCY

Request Bus Transportation: Yes No, I will provide my own transportation

Request Wheelchair Accessible Bus: Yes No

Request Harness: Yes No (we must have authorization to use harness on bus)

Does participant use his/her own house key? Yes No

Remain alone? Yes No

AM Pick Up Location: _____ City, ZIP _____

Contact Person at AM Pick Up Location: _____ Phone #: _____

PM Drop Off Location: _____ City, ZIP _____

Contact Person at PM Drop Off Location: _____ Phone #: _____

Are there any dates you will not be attending camp? _____



Wil-O-Way Camp

FEE INFORMATION

Camper's Name: _____

(Please check location and session)

- Wil-O-Way Grant Recreation Center (South Milwaukee)
- Wil-O-Way Underwood Recreation Center (Wauwatosa)
- Are you receiving a form of Family Care funding? (If under 18, does not apply)
 - Yes
 - No

*Please enclose a **non-refundable registration deposit of \$100** (will be refunded if not accepted)
The \$100 deposit will be applied to your camp fee.

		Milwaukee Co. Resident	Non-Resident
Session 1:	June 28 - July 16	<input type="radio"/> \$255	<input type="radio"/> \$410
Session 2:	July 19 - August 6	<input type="radio"/> \$255	<input type="radio"/> \$410
Both Sessions:	June 28 - August 6	<input type="radio"/> \$475	<input type="radio"/> \$630
Outdoor Adventure Camp	August 9 -13	<input type="radio"/> \$250	<input type="radio"/> \$275

Upon acceptance, you will receive notice of your final payment which is due by Friday, April 30, 2010.

***Payment by check or money order payable to: Milwaukee County Treasurer**

Mail or drop off completed camp application with \$100 registration deposit or entire camp fee to
Holler Park, attn: Registration
5151 South 6th Street, Milwaukee, WI 53221

*Would you like to order an extra camp t-shirt? Yes No thank you
Child Size \$6: 6/8 10/12 14/16 Adult Size \$6: Sm Med Lg XL
Extended Adult Sizes \$8: 2XL 3XL

***Please include the cost with your deposit. All orders must be received by April 30, 2010.**

*Are you receiving funding for camp that we need to bill? Yes No

Funding Contact Name: _____ Phone: _____

**Please note all funding requests must be verified by Case Manager prior to billing for services.*

Total Amount enclosed \$100 \$255 \$475 \$250 \$ _____

Check/Money Order # _____ **Date:** _____

Payment Agreement

- I understand the days and or weeks my child/adult is absent or does not attend camp will not be reimbursed.
- I understand I am responsible for the camp fee payment to be paid in full by **Friday, April 30, 2010** or my child/adult will not be accepted into camp.
- I understand that if my child/adult is discharged from camp due to behavior, medical or emergency reasons, a pro-rated payment may be issued to me upon evaluation of the situation.

Signature (Parent/Guardian) _____ **Date:** _____



Wil-O-Way Camp

CARE INFORMATION

Camper's Name: _____

Vision: Sighted Partial Sight Night Blindness Legally Blind Color Blind

Hearing: Normal Hearing Normal Hearing with Aid
 Partial Hearing Loss Partial Hearing with Aid Legally Deaf

Communication: Verbal Non-Verbal Communication Board Gestures
 Sign Language (please attach list of words) Other _____

Eating: No Assist Partial Assist Total Assist Explain Partial: _____
 List Adaptive Equipment Used: _____
 Time to Eat: 10 minutes 20 minutes 30 minutes 40 minutes 50 minutes
 G-Tube Feeding: Dosage _____ Schedule _____

Diet: Standard Chopped Food Blended/Pureed Low Salt Low Calorie Diabetic
 Other: _____

Mobility: Ambulatory Wheelchair (Manual or Power) Crutches
 Cane Walker Other: _____

Assistance needed with mobility at camp: None Partial Total
 Do you need a wheelchair for long distances such as field trips? Yes No
 Are you able to provide a wheelchair for use on field trip days? Yes No

Transfer: No Assist Transfer Type Independent Standby Stand Pivot
 Two People Hoyer Lift Other: _____

Adaptive Devices: None Braces Prosthesis Helmet Glasses
 Dentures Shunt Other: _____

Toileting: Needs Reminder No Assist Partial Assist Total Assist
 Schedule (please circle designated times):
 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00 2:30

Maintain Bladder Control: Always Sometimes Never Needs Reminder

Maintain Bowel Control: Always Sometimes Never Needs Reminder

Aids Used: None Urinal Toilet Chair Bedpan Diapers Pull-Ups G-Tube
 Catheter Please State Type: _____

Personal Hygiene:

Washing Hands: No Assist Some Assist Total Assist Needs Reminder Supervision

Dressing: No Assist Some Assist Total Assist Needs Reminder Supervision

Menstrual Care: No Assist Some Assist Total Assist Needs Reminder Supervision

Wil-O-Way Camp

CARE INFORMATION

Camper's Name: _____

Allergies: Animals _____
 Environment _____
 Food _____
 Medicine _____

Seizures: None Myoclonic Atonic (Drop Attacks)
 Complex Partial (Psychomotor) Simple Partial Absence (Petit Mal)
 Generalized Tonic Clonic (Grand Mal) Mixed
 Drop Seizures Frequency: _____

List symptoms before seizure occurs: _____

When should EMS be contacted? _____

If camper has Down Syndrome, has he/she been tested for Atlanto-Axial Instability?

Yes No **Results Positive?** Yes No

Communicable Disease: Yes No Specify: _____

If yes, this will not necessarily affect your enrollment. We need accurate information to plan for your safety and to maintain a safe and protective environment for all campers.

Daily Medications: (even if not administered at camp): Yes No

If yes, please specify: _____

Medications taken during camp: Yes No

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you need to list more medications than the space provided, please attach an additional sheet.

Permission to give camper over-the-counter medications: Yes No

Antacid First Aid Cream Ibuprofen Tylenol Other _____

Parent/Guardian Signature: _____ Date: _____

In the event of an emergency, please provide the following information so we can request the best care according to your wishes.

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

Insurance Provider: _____

Insurance Number _____

Requested Hospital: _____



Wil-O-Way Camp
PARENT/GUARDIAN AUTHORIZATION

Camper's Name: _____

Please read and check the appropriate boxes for each area:

The Personal Care Information is complete as far as I know, and the applicant listed has permission to engage in all recreational activities and field trips except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Supervisor or by his/her designated staff; to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery only if I cannot be reached immediately. **Yes No**

I understand that Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin are not responsible for lost, stolen or damaged personal articles brought to the camp sites. **Yes No**

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches, take and show films, and videotapes by the Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin for any purpose deemed appropriate. **Yes No**

I consent that the applicant can use the following supervised pools:
 Wil-O-Way Grant / Underwood Wading Pool Yes No Holler Park Pool Yes No

I hereby give consent to Easter Seals Southeast Wisconsin staff to:
 Use cleansing tissues and/or powder or lotion when changing diapers Yes No
 Administer medications according to physician's instructions Yes No
 Perform special medical care (g-tube feeding, catheterization) as I have instructed Yes No
 Release or obtain written/verbal reports (educational, therapy, medical and/or psychological) containing information about my child. Yes No

In consideration of the acceptance of the applicant, I hereby release and waive any claim or cause of action which may accrue against Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin and any employee of listed agencies and any other person acting with the permission of either arising out of any injury to his/her person or property during his/her stay at the center, in transit to and from the said center, or during any activity approved by and of said person. I agree to assume any claim, which said son/daughter/self/ward in his/her personal capacity might have against any of said persons for injury as herein stated.

A signature indicates agreement of the above statement. Any applicant 18 years or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____



HOLLER PARK SUMMER RESPITE CAMP

Easter Seals coordinates and staffs the Holler Park Summer Respite Camp located west of the airport. The site accommodates up to 50 campers with and without disabilities for the ten week session. All final schedule changes must be made by June 1, 2010.

*** Please Note: This camp is not to be considered a behavioral treatment program.

The Holler Park Respite Camp offers weekly community outings, activities, snacks, and personal care and medication administration are provided by a trained and certified CNA as needed. The camp provides 2 C.N.A.'s for personal care needs and medication distribution. Easter Seals employs two year round registered nurses that C.N.A.'s may contact with any questions or concerns at anytime during the camp. Activities such as crafts, basketball, dances, games, movies, music, playground, swimming, and fitness are held indoors and outdoors. Lunch and transportation are not provided.

All campers must commit to the entire 9 week session.

ELIGIBILITY

- *People ages 7-21 years old with or without a disability
- *Applications are taken on a first come, first serve basis

DATES AND HOURS

Mondays-Fridays, June 21-August 20 (9 weeks)

We have added more flexible care hours to better meet your needs. AM and taken on a first come, first serve basis in order to meet the staffing require-

PM extended hours are ments of the program.

Space is limited.

Full Day: 9:00 a.m.-4:30 p.m. Half Day: 12:00-4:30 p.m.
AM Care: 7:30-9:00 a.m. PM Care: 4:30-6:00 p.m.

LOCATION

Holler Park Recreation Center
 5151 South 6th Street, Milwaukee, WI 53221
 (between Layton Avenue and Grange Street on 6th Street)

TRANSPORTATION

You are responsible for your own transportation.
 Bus transportation will be provided for the weekly community outings.



NEW CAMPER ORIENTATION

To assist us in making this a good camp experience for the camper, new campers will have the opportunity to meet their Camp Leader and other camp staff during Open House on Friday, June 18th from 4:00 p.m.-5:00 p.m. You will receive a reminder flier in the mail prior to the open house. Respite Manager and Respite Coordinator will be available for a one on one meeting with all new enrollees per camper's request by appointment prior to the camp open house date.

FEES

Campers must register and pay for the entire 9 week program in accordance with the payment agreement. The fee covers staff costs, field trips, art projects, snacks, t-shirt, backpack and special services.

\$40 non-refundable registration fee is required with application to be processed. Registration fee does not apply to the camp balance. More information on the payment plans and fees on page 13. **10**



SPARC SUMMER RESPITE CAMP

Easter Seals Southeast Wisconsin coordinates and staffs the SPARC Summer Respite Camp at the Schuetze Recreation Center in Waukesha. The site accommodates up to 50 campers for the ten week session. All final schedule changes must be made by June 1, 2010.

*** Please Note: This camp is not to be considered a behavioral treatment program.

The SPARC Respite Camp offers weekly community outings, activities, snacks, and personal care and medication administration are provided by a trained and certified CNA as needed. The camp provides 2 C.N.A.'s for personal care needs and medication distribution. Easter Seals employs two year round registered nurses that C.N.A.'s may contact with any questions or concerns at anytime during the camp. Activities such as arts and crafts, basketball, dances, games, fitness, movies, music, nature, playground, sports, swimming, and walking are held indoors and outdoors.

Lunch and transportation are not provided.

Campers must commit to the entire 9 week session.

ELIGIBILITY

- *People ages 7-21 years old with a disability
- *Applications are taken on a first come, first serve basis

DATES AND HOURS

Mondays-Fridays, June 21-August 20 (9 weeks) 7:30a.m. to 6:00p.m.
AM and PM extended hours are taken on a first come, first serve basis in order to meet the staffing requirements of the program.

Space is limited.

<u>Full Day:</u> 9:00 a.m.-4:30 p.m.	<u>Half Day:</u> 12:00-4:30 p.m.
<u>AM Care:</u> 7:30-9:00a.m.	<u>PM Care:</u> 4:30-6:00 p.m.



LOCATION

Schuetze Recreation Center

1120 Baxter Street, Waukesha, WI 53186 (South of Frame Park on the Fox River)

TRANSPORTATION

You are responsible for your own transportation. Bus transportation will be provided for the weekly community outings.

NEW CAMPER ORIENTATION

To assist us in making this a good camp experience for the camper, new campers will have the opportunity to meet their Camp Leader and other camp staff during Open House on Friday, June 18th from 4:00-5:00p.m. You will receive a reminder flier in the mail prior to the open house. Respite Manager and Respite Coordinator will be available for a one on one meeting with all new enrollees per camper's request by appointment prior to the camp open house date.

FEES

Campers must register and pay for the entire 9 week program in accordance with the payment agreement. The fee covers staff costs, field trips, art projects, snacks, t-shirt, backpack and special services. **\$40 (City of Waukesha residents) or \$140 (non-residents) non-refundable registration fee is required with application to be processed. Registration fee does not apply to the camp balance.**



2010 Holler Park Summer Respite and SPARC Summer Respite Application

Please attach one recent photo (2" x 3") It will be used for participant identification



Has applicant ever attended Holler Park or SPARC? Yes No

Preferred Respite Site: Holler Park SPARC Waukesha

AM care 7:30-9:00 Full Day 9-4:30 Half Day 12-4:30 PM care 4:30-6

How did you hear about us? Brochure Resource Fair Website

Word-of mouth Other _____

Camper's Name: _____

First

Middle

Last

Nickname

Address: _____

City: _____ Zip Code: _____ Home Phone: (____) _____

Transportation Carrier: _____ Phone: _____

Email Address: _____ Would you like to receive or e-newsletter yes_ no_

Caregiver's Name: _____ Relationship: _____

Caregiver Day Phone: (____) _____ Caregiver Cell Phone: (____) _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

Alternate Emergency Contact Name: _____ Relationship: _____

Alternate Emergency Contact Home Phone: (____) _____ Cell Phone: (____) _____

Is camper in (please circle): Home School Work Day Program during the year?

Specify: _____

Case Manager Name: _____ Work Phone: (____) _____

Company: _____ Cell Phone: (____) _____

Birth Date: ___/___/___ Age at time of program: ___ Height: ___' ___" Weight: ___ lbs.

Disability (please check): Autism Down Syndrome Cerebral Palsy Attention Deficit Disorder

Cognitive Disability Hearing Impairment Learning Disability Physical Disability Speech/Language

Emotional Disability Rett Syndrome Other (please list) _____

Degree of Disability: Mild Moderate Severe

Physical Limitation: Ambulation Hearing Prosthesis

Sight Speech Spasticity None

Gender: Male Female

Heritage: African American Asian Caucasian Hispanic Native American Other

Household Income: Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources \$0—\$11,999 \$12,000—\$14,999

\$15,000—\$24,999 \$25,000—\$49,999 \$50,000—\$74,999 More than \$75,000

Shirt Size (50% Cotton/50% Polyester):

Child: 6-8 10/12 14/16 Adult: Sm Med Lg XL 2XL 3XL

Times attending

Days will attend (please circle)

7:30-9:00AM M T W TH F

9:00AM-4:30PM M T W TH F

12:00-4:30PM M T W TH F

4:30-6:00PM M T W TH F

Are there any dates you will not be attending camp? _____

***YOU ARE REQUIRED TO COMMIT TO 9 WEEKS EVEN IF YOU WILL MISS DAYS OVER THE SUMMER**



Holler Park & SPARC Respite Camp Fee Summary and Payment Options

Please review the following payment plans and select the one that fits your needs. New this summer we are offering the option of paying by credit card for your convenience. Please note credit cards can only be charged monthly, or the balance in it's entirety. Visa and MasterCard only are accepted. You may set the monthly payment on either the 1st or the 15th of each month.

Plan 1 Monthly Payment Payments Due June 14, July 5, August 2

* 7:30-9:00a.m.	June = \$92	July = \$184	August = \$138
* 9:00a.m.-4:30p.m.	June = \$277	July = \$554	August = \$415.50
* 12:00-4:30p.m.	June = \$208	July = \$416	August = \$312
* 4:30-6:00p.m.	June = \$92	July = \$184	August = \$138

Plan 2 Bi-Monthly Payment Due June 14, June 28, July 12, July 26, August 9

* 7:30-9:00a.m.	\$82.80 per payment
* 9:00a.m.-4:30p.m.	\$249.30 per payment
* 12:00-4:30p.m.	\$187.20 per payment
* 4:30-6:00p.m.	\$82.80 per payment

Plan 3 Weekly Payment

Due every **Monday** of the week

* 7:30-9:00a.m.	\$46 per payment
* 9:00a.m.-4:30p.m.	\$138.50 per payment
* 12:00-4:30p.m.	\$104 per payment
* 4:30-6:00p.m.	\$46 per payment

Holler Park Non-Refundable Registration Fee: **O**\$40
 Waukesha Non-Refundable Registration Fee: **O**\$40 CITY of Waukesha resident
zip codes 53186, 53187, 53188, 53189
O\$140 Non-resident outside of the CITY of Waukesha

Payment by check or money order payable to: Easter Seals. Mail or drop off Application and Payment to: Holler Park, attn: Registration, 5151 South 6th Street, Milwaukee, WI 53221.

Total Amount enclosed **O** \$40 **O** \$140 **O** \$ _____ **Payments- Invoices will be mailed to you**
 Check / Money Order # _____ Date: _____
 Visa Mastercard Credit Card Number: _____ Expiration Date: ____/____
 Name on the Credit Card: _____ Signature: _____
 Authorization Amount: \$ _____ Monthly Authorization Date (circle): 1st or 15th of each month.

Are you receiving Family Care funding? (If under age 18 does not apply)
 Yes No

*Are you receiving funding for camp that we need to bill? Yes No

Funding Contact Name: _____

Phone: _____

*Please note all funding requests must be verified by Case Manager prior to billing for services.

Payment Agreement

- I understand I must enroll and **pay for the entire nine week** session.
- I understand I am responsible for payment of contracted fees and my child will be suspended from the camp if fees are not received.
- I understand that the first payment must be made by **Monday, June 14, 2010.**
- I understand that if I choose to change my payment plan, I must notify Easter Seals one month in advance.
 Payment arrangements will be changed the first day of the following month.
- I understand that if my child/adult is discharged from camp due to behavior, medical or emergency reasons, a pro-rated payment may be issued to me upon evaluation of the situation.

Signature of Parent/Guardian _____ **Date:** _____



Holler Park & SPARC Camp

Camper's Name: _____

CARE INFORMATION

Vision: Sighted Partial Sight Night Blindness Legally Blind Color Blind

Hearing: Normal Hearing Normal Hearing with Aid
 Partial Hearing Loss Partial Hearing with Aid Legally Deaf

Communication: Verbal Non-Verbal Communication Board Gestures
 Sign Language (please attach list of words) Other _____

Eating: No Assist Partial Assist Total Assist Explain Partial: _____
List Adaptive Equipment Used: _____
Time to Eat: 10 minutes 20 minutes 30 minutes 40 minutes 50 minutes
G-Tube feeding: Dosage _____ Schedule _____

Diet: Standard Chopped Food Blended/Pureed Low Salt Low Calorie Diabetic
 Other: _____

Mobility: Ambulatory Wheelchair (Manual or Power) Crutches
 Cane Walker Other: _____
Assistance needed with mobility at camp: None Partial Total
Do you need a wheelchair for long distances such as field trips? Yes No
Are you able to provide a wheelchair for use on field trip days? Yes No

Transfer: No Assist Transfer Type Independent Standby Stand Pivot
 Two People Hoyer Lift Other: _____

Adaptive Devices: None Braces Prosthesis Helmet Glasses
 Dentures Shunt Other: _____

Toileting: Needs Reminder No Assist Partial Assist Total Assist
Schedule (please circle designated times):
8:00 8:30 9:00 9:30 10:00 10:30 11:00 11:30 12:00 12:30 1:00 1:30 2:00 2:30 3:00 3:30 4:00
4:30

Maintain Bladder Control: Always Sometimes Never Needs Reminder

Maintain Bowel Control: Always Sometimes Never Needs Reminder

Aids Used: None Urinal Toilet Chair Bedpan Diapers Pull-Ups G-Tube
 Catheter Please State Type: _____

Personal Hygiene:

Washing Hands: No Assist Some Assist Total Assist Needs Reminder Supervision
Dressing: No Assist Some Assist Total Assist Needs Reminder Supervision
Menstrual Care: No Assist Some Assist Total Assist Needs Reminder Supervision

Holler Park & SPARC Camp

Camper's Name: _____

CARE INFORMATION

Allergies: Animals _____
 Environment _____
 Food _____
 Medicine _____

Seizures: None Myoclonic Atonic (Drop Attacks)
 Complex Partial (Psychomotor) Simple Partial Absence (Petit Mal)
 Generalized Tonic Clonic (Grand Mal) Mixed
 Drop Seizures Frequency: _____

List symptoms before seizure occurs: _____

When should EMS be contacted? _____

If camper has Down Syndrome, has he/she been tested for Atlanto-Axial Instability?

Yes No **Results Positive?** Yes No

Communicable Disease: Yes No Specify: _____

If yes, this will not necessarily affect your enrollment. We need accurate information to plan for your safety and to maintain a safe and protective environment for all campers.

Daily Medications: (even if not administered at camp): Yes No

If yes, please specify: _____

Medications taken during camp: Yes No

Medications	Dosage	Time
_____	_____	_____
_____	_____	_____
_____	_____	_____

*If you need to list more medications than the space provided, please attach an additional sheet.

Permission to give camper over-the-counter medications: Yes No

Antacid First Aid Cream Ibuprofen Tylenol Other _____

Parent/Guardian Signature: _____ Date: _____

In the event of an emergency, please provide the following information so we can request the best care according to your wishes.

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

Insurance Provider: _____ **Insurance Number** _____



PARENT/GUARDIAN AUTHORIZATION Camper's Name: _____

Please read and check the appropriate boxes for each area:

The Personal Care Information is complete as far as I know, and the applicant listed has permission to engage in all recreational activities and field trips except as noted by me. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to the physician selected by the Supervisor or by his/her designated staff; to secure proper treatment for applicant listed, including to hospitalize and/or to order injection, anesthesia or surgery only if I cannot be reached immediately. **o Yes o No**

I understand that Easter Seals Southeast Wisconsin and Waukesha Parks, Recreation & Forestry are not responsible for lost, stolen or damaged personal articles brought to the camp sites. **o Yes o No**

I consent to the use of the applicant's name or any likeness of him/her including photographs, sketches, take and show films, and videotapes by Easter Seals Southeast Wisconsin and Waukesha Parks, Recreation & Forestry for any purpose deemed appropriate. **o Yes o No**

I consent that the applicant can use the following supervised pools:

Wil-O-Way Grant / Underwood Wading Pool **o Yes o No** Holler Park Pool **o Yes o No**
Buchner Pool, Waukesha **o Yes o No**

I hereby give consent to Easter Seals Southeast Wisconsin staff to:

- Use cleansing tissues and/or powder or lotion when changing diapers **o Yes o No**
- Administer medications according to physician's instructions **o Yes o No**
- Perform special medical care (g-tube feeding, catheterization) as I have instructed **o Yes o No**
- Release or obtain written/verbal reports (educational, therapy, medical and/or psychological) containing information about my child. **o Yes o No**

In consideration of the acceptance of the applicant, I hereby release and waive any claim or cause of action which may accrue against Easter Seals Southeast Wisconsin, Waukesha Parks, Recreation & Forestry and any employee of listed agencies and any other person acting with the permission of either arising out of any injury to his/her person or property during his/her stay at the center, in transit to and from the said center, or during any activity approved by and of said person. I agree to assume any claim, which said son/daughter/self/ward in his/her personal capacity might have against any of said persons for injury as herein stated.

A signature indicates agreement of the above statement. Any applicant 18 years or older without a court appointed legal guardian must sign for him or herself.

Applicant's Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

CAMP “WISH LIST”

Help make this summer even more special for our campers by donating items from our camp “Wish List”.

Sugar free juice
Non perishable snacks (chips, crackers, etc)
Puzzles (child and adult)
Baby wipes
Latex free gloves
Sunscreen
Bug spray
Clorox wipes
Board games (child and adult)
Weekly awards (you are great! stickers, etc)
Inflatable pool chairs
Paper towels
Tie dye kits
Colored copier paper
Disposable cups
Paper plates
Bulk craft supplies
Coloring and word search books
Swim diapers
Disposable cameras
Gift cards to Target, Walmart, Sam’s club for supplies

**Donations can be dropped
off at the Holler Park
Recreation Center
at 5151 South 6th Street.**

**Please call us at
414-482-0133
to set up a time to stop by!**



SAVE THE DATE

Friday, June 18th

4th Annual Walk With Me

Potawatomi Stage at Polish Fest

Join the

Summer Camp All Stars Team

Register online in February

walkwithme.org/milwaukee

or call for more event information

call 414-449-4444 x 254



The Roundy’s We Care Program will contribute a portion of your Pick-N-Save grocery bill to **Easter Seals** to support people with disabilities.

To start contributing, visit the customer service desk and ask to designate Easter Seals **code #423500** as your charity of choice.

Then, use your Pick-N-Save Advantage Card at check out each time you shop.



**Easter Seals Southeast Wisconsin
1016 Milwaukee Avenue
South Milwaukee, WI 53172**

Non-profit Org.
U.S. Postage
PAID
Milwaukee, WI
Permit No. 2781



**In collaboration with the
Milwaukee County
Office for Persons with Disabilities**

**Registration is based upon
FIRST COME-FIRST SERVE
Be sure to register today!**



www.eastersealswise.com