



2012 FAMILY CAMP APPLICATION

Approved Session: _____

Ontario

Helping Kids with Physical Disabilities Succeed

FOR OFFICE USE ONLY

Date Rec'd: _____ Approved by: _____ Date Approved: _____
Con'f Sent: _____ ID#: _____ Payment: Rec'd Pending



SESSION CHOICE: Please check (✓) the session you are applying for:

Woodeden Camp (London, ON) WF: August 20-25 **Merrywood Camp (Perth, ON)** MF: August 21-26

CONTACT INFORMATION:

Family Name: _____
Address: _____
City: _____ Postal Code: _____ E-mail: _____
Home #: (____) _____ Cell #: (____) _____ Work #: (____) _____ ext _____

Emergency Contact: *Please use someone who will not be attending camp with you*

Name: _____ Contact #: (____) _____ Relationship: _____

Have you attended family camp before? yes no If yes, how many times? 1 2 3 > 4 times

Is there another family attending camp who you would like to share a cabin with? _____

Please check (✓) all equipment that you will be bringing to camp:

electric wheelchair manual wheelchair – requires pushing? yes no walker bi-pap machine oxygen

suction machine respirator feeding pump other: _____

Equipment needed: Bedrails? yes no If yes, for how many beds? _____

CAMPER PROFILES: ★ Child must first be registered with Easter Seals Ontario (Incontinence Supply Grant Program is a separate Registry).

A) Easter Seals Child - Medical History *(Please complete a separate application for each child with a disability)*

Easter Seals Child Name: _____ Gender: _____

DOB (yy/mm/dd): ____/____/____ Weight: _____kgs Disability/Diagnosis: _____

Additional Medical Problems (*such as asthma, seizures, etc.*): _____

Allergies (*food & drug*): _____ Carries an epi-pen? yes no

Diet: regular vegetarian soft pureed cut into bite sized pieces other: _____

Does your child have a: G-tube J-tube If so, does your child eat anything by mouth? yes no

Is your child verbal? yes no If non-verbal, do they have consistent YES/NO? yes no

If your child is non-verbal, please describe how they communicate: _____

Describe any unusual behaviour staff should be aware of: _____

Any additional information to help us care for your child? _____

B) Family Member Profiles - *Please list all family members that will be accompanying the Easter Seals child to camp (do **not** include your Easter Seals child in this list). Please note: immediate family members only. Any additional campers will be subject to paying full fees.*

1. **Name:** _____ **DOB:** _____ **Allergies:** _____

Special Diet: _____ Other information: _____

2. **Name:** _____ **DOB:** _____ **Allergies:** _____

Special Diet: _____ Other information: _____

3. **Name:** _____ **DOB:** _____ **Allergies:** _____

Special Diet: _____ Other information: _____

4. **Name:** _____ **DOB:** _____ **Allergies:** _____

Special Diet: _____ Other information: _____

5. **Name:** _____ **DOB:** _____ **Allergies:** _____

Special Diet: _____ Other information: _____

Easter Seals Ontario operates with the generous donations of corporate partners, service clubs and individuals. Fundraising is important for Easter Seals to continue to offer recreational programs. We ask for your support.

- I agree to the use of photos or videos of my child(ren)/family to promote Easter Seals Ontario, Easter Seals Canada, and/or Easter Seals' provincial member associations? yes no
- May we share photos or videos of your child/family among campers and staff? yes no
- I agree to having my name and address shared with the Easter Seals Fundraising Department: yes no

CONSENT: I acknowledge that, to the best of my knowledge, the information on this application form is correct. I understand that this is an application for camp and does not guarantee confirmation. To meet the needs of you and your family and have the ability to care for them we must collect personal information about you and distribute the pertinent information to people who will care for you and your child at camp. Easter Seals Ontario is in compliance with the Personal Health Information Protection Act (PHIPA). All information gathered is stored in a safe and confidential manner.

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

PAYMENT & REQUEST FOR FINANCIAL ASSISTANCE (Confidential)

ID#: _____ Session: _____
GL: _____

Important, please read:

- The actual cost of Family Camp is \$900 per person. Fees include all accommodation, meals, activities and equipment for the entire Family Camp week.
- Easter Seals asks families to contribute what they are able towards the cost of family camp with a **minimum payment of \$50 per person attending**. This applies to a maximum of two adults, the child with a disability and their sibling(s).
- Any additional individual will be required to pay full fees (\$900 per person).**
- Please note that no last minute additions will be accepted without prior authorization.

Applications will be processed by the date that the completed application form (with payment) is received in Easter Seals Ontario's Head Office. This **does not** mean that your family has been confirmed. Priority is given to **first-time Family Camp applicants** (families who have never been to camp) and those **children who are unable to attend an Individual Camp** program due to their age, complex medical or behavioural needs. If you are paying with post-dated cheques or monthly credit card instalments, **all payments must be processed and/or cashed by June 1, 2012**. Cheques will be cashed as dated. Credit cards will be processed upon acceptance into the program. **PLEASE NOTE:** NSF cheques must be replaced immediately with a certified cheque or money order, if not, confirmation will be cancelled.

Easter Seals Child's Name: _____

Parent/Guardian Name: _____
Payment is being made by:

- Cheque(s) Money Order(s)
 Credit Card (Visa Mastercard)



Credit Card Payments:

Card # _____ Expiry Date ____/____

Name on Card: _____

Signature: _____

of payments: _____ Amount per payment: \$ _____

*Dates of payments: _____

*If making multiple payments, please indicate the month that payments should be processed.

Cheque(s) or Money Order(s): Please make payable to Easter Seals Ontario. Please attach cheque/money order to the bottom right corner of this page.

Completed applications can be sent via:

Mail: Recreation Co-ordinator, Easter Seals Ontario
700-1 Concorde Gate, Toronto, Ontario, M3C 3N6
Fax: 416.696.1035 (please send to the attention of Recreation Co-ordinator)
E-mail: camp@easterseals.org

If you have any questions/concerns, please call 416.421.8377 x 325 or toll-free 1.800.668.6252 x 325. Please note, it is the parent/guardian(s) responsibility to follow up with Easter Seals to confirm that the application has been received.

PAYMENT: Please multiply the total # of people attending by \$50 for minimum payment required.

of people _____ X \$50 = \$ _____

- I am paying the minimum payment **only**
 I am paying the minimum payment + \$ _____
My total contribution is \$ _____.

staple cheque(s)/money order(s) here

FOR OFFICE USE ONLY: Amount, Date and Number of each cheque/money order

1.	\$ _____	_____	_____	5.	\$ _____	_____	_____
2.	\$ _____	_____	_____	6.	\$ _____	_____	_____
3.	\$ _____	_____	_____	7.	\$ _____	_____	_____
4.	\$ _____	_____	_____	8.	\$ _____	_____	_____