

2018 FAMILY CAMP APPLICATION

Approved Session:

FOR OFFICE USE ONLY

Date Rec'd: _____ Approved by: _____ Date Approved: _____
 Con'f sent: _____ Waitlisted: Yes No Waitlist Letter sent: _____
 ES ID#: _____ Payment: Rec'd Pending

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

Woodeden (London) WF: Aug 5-10, 2018 | **Merrywood (Perth)** MF: Aug 21-26, 2018 | **Any Camp - 1st Choice:** _____

Please send my confirmation package via: mail email to: _____

CAMPER PROFILE: ★ 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 registered with Easter Seals).

Easter Seals **CHILD** First and Last Name: _____ Gender: Male Female

Disability/Diagnosis: _____ DOB: ____/____/____
 yyyy mm dd

Additional Medical Problems (asthma, seizures, etc): _____

Allergies (food & drug): _____ Carries an Epi-pen? Yes No

Diet: Regular Vegetarian Soft Pureed Cut into bite sized pieces Other: _____
 We do **not** provide Halal, Kosher, low sodium meals, etc.

Does your child have a G-tube? No Yes – If so, does your child eat anything by mouth? Yes No

Is your child verbal? Yes No – If non-verbal, does your child have a consistent YES/NO? Yes No

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

Have you attended Family Camp before at **any** Easter Seals camps? No Yes – if yes, how many times? 1x 2x 3x 4+x

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

Walker Bi-Pap Machine Power Wheelchair Manual Wheelchair – requires pushing? Yes No
 Oxygen Suction Machine Respirator Feeding Pump Other: _____

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

B) FAMILY MEMBERS PROFILES: – Please list all family members who will be accompanying the Easter Seals child to camp (do **not** include your Easter Seals child listed above in this list). Please note: immediate family members only. Any additional campers will be subject to paying full fees. Easter Seals accommodates vegetarian, soft, puree and gluten-free diets – we do **not** provide Halal, Kosher, low sodium meals etc.

1) Name: _____ DOB: _____ 2) Name: _____ DOB: _____
 Allergies/Special Diet: _____ Allergies/Special Diet: _____
 Other Info: _____ Other Info: _____

3) Name: _____ DOB: _____ 4) Name: _____ DOB: _____
 Allergies/Special Diet: _____ Allergies/Special Diet: _____
 Other Info: _____ Other Info: _____

5) Name: _____ DOB: _____ 6) Name: _____ DOB: _____
 Allergies/Special Diet: _____ Allergies/Special Diet: _____
 Other Info: _____ Other Info: _____

*If you require more space for additional immediate family members, please attach a separate numbered list to your application.

C) CONTACT INFORMATION:

Parent/Guardian 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: _____

PAYMENT & REQUEST FOR FINANCIAL ASSISTANCE (Confidential)

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 \$85 per person attending**. This applies to a maximum of two adults, the child with a disability and their sibling(s).
- **Any additional individuals are subject to approval and will be required to pay full fees (\$900 per person).**
- Please note that no last minute additions will be accepted without prior authorization.
- Last minute cancellations that are not due to medical reasons may be subject to a \$175 cancellation fee.

Applications will be processed by the date that **the completed application form (with payment) is received** in Easter Seals Ontario's Provincial 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 any Easter Seals Family Camps) and then all returning families on a first come first basis based on the date that the completed application with payment is received. **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: Please multiply the total # of people attending by \$85 for minimum payment required.

Minimum payment: # of people attending _____ x \$85 = \$ _____.

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

Payment is being made by: Cheque(s) Money Order(s) Credit Card (Visa | MC)

**Please note, we can not accept Visa Debit Cards at this time.*

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. **Payment dates must fall between February 15th and June 1st, 2018. Upon acceptance into the program, cheques are cashed as dated at the end of each week, credit cards are processed on the 1st and 15th of each month.*

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.

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.

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:** _____

Completed applications can be sent via:

Mail: Recreation Coordinator, Easter Seals Ontario, 700-1 Concorde Gate, Toronto, Ontario, M3C 3N6

Fax: 416.696.1035 (please send to the attention of Recreation Co-ordinator) **OR** **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 that the application has been received).

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