

# 2019 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 4-9, 2019 | **Merrywood (Perth)**  MF: Aug 20-25, 2019 | **Any Camp - 1<sup>st</sup> 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: \_\_\_\_\_  
 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 15<sup>th</sup> and June 1<sup>st</sup>, 2019.** Upon acceptance into the program, cheques are cashed as dated at the end of each week, credit cards are processed on the 1<sup>st</sup> and 15<sup>th</sup> 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](mailto: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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