



Easter Seals 2011

Summer Respite Camp Programs

For Children, Teens and Adults with Disabilities



**Waukesha Parks, Recreation
& Forestry Department**

Thank you to the 2010 Wil-O-Way Underwood Campers for giving us this year's Olympic theme.



**Milwaukee County Office for
Persons With Disabilities**



Camp Registration Policies And Procedures

Please read the following policies and procedures before registering for the 2011 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 please complete the application form on pages 7-12 for Camp Wil-O-Way/ Outdoor Adventure Camp and pages 7-10,13,14 for Holler Park/ Schuetze 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

Within two weeks of receiving your completed application with your camp deposit/registration fee and a recent photo, you will be mailed a letter with your remaining balance and payment due date. You will also receive a Camp Countdown Calendar to track the number of days until camp. Camper packets will be mailed out by June 1st, 2011. Please note that for WOW camps this is dependent upon the transportation schedule and could be earlier or later. This packet will include 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.

PLEASE NOTE

Effective January 1st, 2011 registrations will no longer be accepted in person or mailed to our Holler Park location.

From January 1st, 2011 moving forward ALL payments, registrations, and applications must be mailed or turned in to:

**Easter Seals Southeast Wisconsin
1016 Milwaukee Ave.
South Milwaukee WI 53172.
Office hours for in person registration are
9am to 3pm.**

Thank you very much for your understanding and cooperation with this policy change.

Wil-O-Way Summer Respite Camp



Mondays-Fridays

Session 1: June 27-July 15

Session 2: July 18-August 5

Bus Arrival and Departure Times: 9:45 am-2:45 pm

Two Locations!

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)

We Offer: Activities are held outdoors (weather permitting) in a fenced in camp area which includes a wading pool.

- **Community outings**
- **Art activities**
- **Basketball**
- **Dances**
- **Games**
- **Fitness**
- **Music**
- **Nature activities**
- **Playground fun**
- **Sports**
- **Walking**

The Wil-O-Way Summer Respite Camp also offers snacks, personal care and medication administration 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. Lunch is not provided.

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

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. All transportation changes for camp must be made by Friday, April 29th for the change to be effective for the first 3 days of camp.

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 24th, 2011 from 4:00pm - 6:00pm 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 \$1275 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 29, 2011.

Milwaukee County Office for Persons with Disabilities and Easter Seals Southeast Wisconsin coordinates and staffs the Wil-O-Way Summer Respite Camp program. **Please Note: This camp is not to be considered a behavioral treatment program.**

outdoor adventure camp

**Monday, August 8 to Thursday, August 11
10:00 am to 3:00 pm**

**Overnight Friday, August 12 to
Saturday August 13**

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

- Daily flag ceremony. Learn flag etiquette and the Pledge of Allegiance
- Learn to read a map and trail skills
- Learn how to read a compass. You will get your own 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

Two Locations!

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)



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.

Eligibility

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

Transportation

You must provide your own daily transportation. We will provide transportation 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, lunch, snacks and transportation to the Wisconsin Park Campground. A \$100 non-refundable registration deposit is required to be accepted.

Milwaukee County Resident \$250

Non-resident \$275

Overnight Friday, August 12 to Saturday August 13

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 9:00am on Saturday, August 13.

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.

Holler Park Summer Respite Camp

Mondays-Fridays, June 20-August 19

Full Day: 9:00 am-4:30 pm **Half Day:** 12:00-4:30 pm

AM Care: 7:30-9:00 am **PM Care:** 4:30-6:00 pm

We have added more flexible care hours to better meet your needs. 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.**

Holler Park Recreation Center

5151 South 6th Street, Milwaukee, WI 53221

(between Layton Avenue and Grange Street on 6th Street)

We offer:

- **Community outings**
- **Snacks**
- **Crafts**
- **Basketball**
- **Dances**
- **Games**
- **Movies**
- **Music**
- **Playground**
- **Swimming**
- **Fitness**



Siblings and Community Members ages 7-21 are invited to register for a fun summer with Easter Seals!

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 nine week session. All campers must commit to the entire nine week session. Please Note: This camp is not to be considered a behavioral treatment program.

All final schedule changes must be made by May 30, 2011.

Personal Care

Personal care and medication administration are provided by a trained and certified CNA as needed. The camp provides a C.N.A. for personal care needs and medication distribution. Easter Seals employs two year round registered nurses that the C.N.A. may contact with any questions or concerns at anytime during the camp. Lunch and transportation are not provided.

Eligibility

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

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 17th from 4:00 pm-6:00 pm 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 nine week program in accordance with the payment agreement. The fee covers staff costs, field trips, art projects, snacks, t-shirt, backpack and special services.

A \$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 10.

Please note camp starts on Monday, June 20th due to the late ending of the school year.

Schuetze Summer Respite Camp

Mondays-Fridays, June 20-August 19

Full Day: 9:00 am-4:30 pm **Half Day:** 12:00-4:30 pm

AM Care: 7:30-9:00 am **PM Care:** 4:30-6:00 pm

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.**

Schuetze Recreation Center

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

We offer:

- **Community outings**
- **Snacks**
- **Crafts**
- **Basketball**
- **Dances**
- **Games**
- **Movies**
- **Music**
- **Playground**
- **Swimming**
- **Fitness**



**Siblings and
Community Members
ages 7-21 are invited
to register for a fun
summer with
Easter Seals!**

Easter Seals Southeast WI coordinates and staffs the Schuetze Summer Respite Camp at the Schuetze Recreation Center in Waukesha. The site accommodates up to 50 campers for the nine week session. Campers must commit to the entire nine week session. Please Note: This camp is not to be considered a behavioral treatment program.

All final schedule changes must be made by May 30, 2011.

Personal Care

Personal care and medication administration are provided by a trained and certified CNA as needed. The camp provides a C.N.A. for personal care needs and medication distribution. Easter Seals employs two year round registered nurses that C.N.A. may contact with any questions or concerns at anytime during the camp. Lunch and transportation are not provided.

Eligibility

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

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 17th from 4:00-6:00pm 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.

A \$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.

Please note camp starts on Monday, June 20th due to the late ending of the school year.



For All Camps Care Information

PLEASE COMPLETE ALL INFORMATION ON PAGES 11-14

Camper's Name: _____

Vision:

- Sighted Partial Sight Night Blindness
- Legally Blind Color Blind

Hearing:

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

Communication:

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

Eating:

- No Assist Partial Assist Total Assist
- Explain Partial: _____

List Adaptive Equipment Used: _____

- Time to eat: 10 min. 20 min 30 min.
 40 min. 50 min.

G-tube Feeding: _____

Dosage _____

Schedule _____

Diet:

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

Mobility:

- Ambulatory Braces Cane Crutches Scooter
- Walker Wheelchair
- Motorized Wheelchair Assistance needed with mobility:
 None Partial Total

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, if needed? 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:

- No Assist Partial Assist Total Assist

Schedule (please check designated times):

- 10:00 10:30 11:00 11:30 12:00 12:30
- 1:00 1:30 2:00 2:30

Maintains Bladder Control:

- Always Sometimes Never Needs Reminder

Maintains Bowel Control:

- Always Sometimes Never Needs Reminder

Aids Used:

- None Urinal Toilet Chair Bedpan Diapers
- Pull-Ups G-Tube Catheter (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

Allergies:

- Animals _____
- Environment _____
- Food _____
- Medicine _____

Seizures:

- None Absence (Petit Mal) Generalized Tonic Clonic (Grand Mal) Non-Convulsive Nocturnal
- Complex Partial (Psychomotor) Simple Partial
- Myoclonic Atonic (Drop Attacks) Mixed

Frequency: _____

List symptoms *before* seizure occurs: _____

When should EMS be contacted? _____



Care Information, cont'd

PLEASE COMPLETE ALL INFORMATION ON PAGES 11-14

Camper's Name: _____

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.

Medications:

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

If Yes, please specify: _____

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 _____



For All Camps 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. *Please check all that apply.*

Wil-O-Way Grant / Underwood Wading Pool

Holler Park Pool

Buchner Pool, Waukesha

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: _____



2011 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

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

Preferred Camp Site: Grant Park Underwood Park

Session(s): June 27-July 15 July 18-August 5 August 8-13 (Adventure Camp)

How did you hear about us?

Brochure Resource Fair Website Word-of-mouth Other _____

Camper's Name: _____

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: _____ Interested in our e-newsletter? Yes No

Caregiver's Name _____ **Relationship** _____

Caregiver Day Phone _____ **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 (check all that apply):

Autism Learning Disability African American Hispanic

Down Syndrome Physical Disability Asian Native American

Cerebral Palsy Speech/Language Caucasian Other _____

Attention Deficit Disorder Emotional Disability

Cognitive Disability Rett Syndrome

Hearing Impairment Other _____

Degree of Disability: Mild Moderate Severe

Physical Limitation:

Ambulation Speech

Hearing Spasticity

Prosthesis None

Sight

Heritage:

African American Hispanic

Asian Native American

Caucasian Other _____

Household Income: Please check appropriate family annual income. This will assist our agency in providing feedback to our funding sources .

\$0—\$11,999 \$25,000—\$49,999

\$12,000—\$14,999 \$50,000—\$74,999

\$15,000—\$24,999 More than \$75,000

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

Child: 6/8 10/12 14/16

Adult: Sm Med Lg XL 2XL 3XL

Gender: Male Female

Bus Transportation *Must be the same every week unless there is an emergency. Both Pick Up & Drop Off locations must be filled out for transportation to be provided.*

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 Code** _____

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

PM Drop Off Location _____ **City** _____ **Zip Code** _____

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

List any dates you will not be attending camp: _____

For Office Use Only
_____ Pages 7 8 9 10 11 12 Payment Amount \$ _____ Payment Balance \$ _____

Please Complete Next Page
➔



2011 WIL-O-WAY Camp Fee & Payment Information

Camper's Name _____

Please check location.

- Wil-O-Way Grant Recreation Center (South Milwaukee)
 Wil-O-Way Underwood Recreation Center (Wauwatosa)

Check the session(s) and fee(s).	Milwaukee Co. Resident	Non-Resident
<input type="checkbox"/> One: June 27–July 15	<input type="checkbox"/> \$255	<input type="checkbox"/> \$410
<input type="checkbox"/> Two: July 18–August 5	<input type="checkbox"/> \$255	<input type="checkbox"/> \$410
<input type="checkbox"/> Both Sessions: June 27–August 5	<input type="checkbox"/> \$475	<input type="checkbox"/> \$630
<input type="checkbox"/> Outdoor Adventure: August 8–13	<input type="checkbox"/> \$250	<input type="checkbox"/> \$275

A completed application for Wil-O-Way Camps includes:

- Application, p.11-12
- Current picture of the camper
- Behavior & Care Information, p. 7-9
- Parent Authorization, p. 10
- Deposit or full payment

EXTRA Camp T-Shirts	Number of Shirts
<i>Orders & payment due April 29, 2011. Outdoor Adventure Camp does not get t-shirts.</i>	
Child Size - \$6	
<input type="checkbox"/> 6/8	
<input type="checkbox"/> 10/12	
<input type="checkbox"/> 14/16	
Adult Size - \$6	
<input type="checkbox"/> Small	
<input type="checkbox"/> Medium	
<input type="checkbox"/> Large	
<input type="checkbox"/> X-Large	
Extended Adult Sizes - \$8	
<input type="checkbox"/> 2XL	
<input type="checkbox"/> 3XL	

Please enclose a non-refundable registration deposit of \$100, which will be applied to your camp fee. You will be refunded your deposit if not accepted.

Upon acceptance, you will receive notice of your final payment, including the fee for extra t-shirts, which is due by Friday, April 29, 2011.

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 and a current picture of your child to:
Easter Seals Southeast Wisconsin
Attn: Finance Office
1016 Milwaukee Ave.
South Milwaukee, WI 53172

Office hours for in person registration are 9am to 3pm.

Total for camp fee(s): \$ _____

Total for extra t-shirts: \$ _____

TOTAL due: \$ _____

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

Check/Money Order # _____ Date: _____

Are you receiving a form of Family Care funding? (If under 18, does not apply) Yes No

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

Funding Contact Name _____ Phone: _____

Case Manager Name: _____ Work Phone: () _____

Company: _____ Cell Phone: () _____

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

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 29, 2011 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:** _____



2011 Holler Park and Schuetze Camps Fee & Payment Information

Camper's Name: _____

Please check location.

- Holler Park Respite Camp (Milwaukee)
- Schuetze Respite Camp (Waukesha)

Camp Fees Please check all that apply.

- AM Care (7:30-9:00) \$419
- Full Day Care (9:00-4:30) \$1259
- Half Day Care (12:00-4:30) \$946
- PM Care (4:30-6:00) \$419

Total Camp Fees Due \$ _____

Registration Fees Registration fees are non-refundable.

- Holler Park \$40
- City of Waukesha Resident (zip codes 53186, 53187, 53188, 53189) \$40
- Non-resident outside of the CITY of Waukesha \$140

Payment Information

AMOUNT ENCLOSED (full payment or 50% of total camp fees + registration fee) \$ _____ *Invoices will be mailed to you.*

Payment by check or money order payable to: Easter Seals.

Check / Money Order # _____ Date: _____

We are offering the option of paying by credit card for your convenience. Visa or MasterCard accepted.

Circle one Visa MasterCard Credit Card # _____ Expiration Date: ___/___

Name on the Credit Card: _____ Signature: _____

Authorization Amount: \$ _____

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.

Mail or drop off application, picture and payment to:
 Easter Seals Southeast Wisconsin
 Attn: Finance Office
 1016 Milwaukee Ave
 South Milwaukee WI 53172
 Office hours for in person registration are 9am to 3pm.

Payment Agreement Camp must be paid in full by Monday, July 11th.

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 50% of the total camp fee is due at the time of registration. The remaining 50% of the camp fee is due by July 11th.

I understand that the final payment must be made by Monday, July 11th, 2011

Signature of Parent/Guardian _____ Date: _____

A completed application for Holler Park and Schuetze Camps includes:

- Application, p. 13-14
- Current picture of the camper
- Behavior & Care Information, p. 7-9
- Parent Authorization, p. 10
- Deposit or full payment

Full payment or 50% of the total camp fee is due at the time of registration. The remaining 50% of the camp fee is due by July 11th.

CAMP "WISH LIST"

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

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!

- Sugar free juice
- Nonperishable 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
- Sidewalk chalk



Walk to Change the Lives of Children and Adults with Disabilities

SAVE THE DATE
5th Annual Walk With Me
Friday, June 17th
Potawatomi Stage at Polish Fest

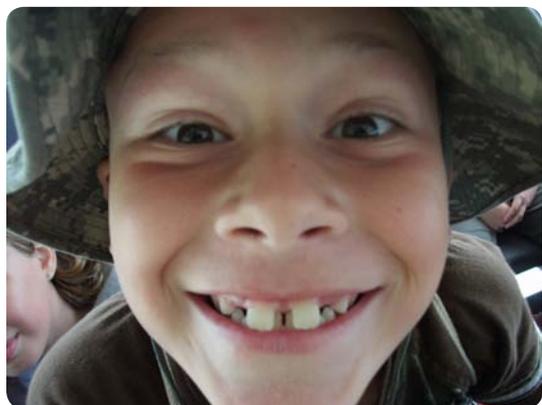
Join the
Summer Camp Olympians Team

Register online in February
walkwithme.org/milwaukee
or call for more event information
call 414-449-4444 x 254

Camp Yellow Ribbon August 15 - 19, 2011

Summer fun for military kids with parents who have been, are currently, or will be deployed. Children ages 7 to 15 are welcome.

For more information about Camp Yellow Ribbon, visit www.eastersealswise.com or email Amber Mavroff at amberm@eastersealswise.com





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