



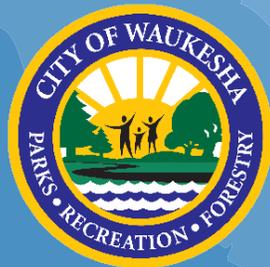
Easter Seals 2012

Summer Respite Camp Programs

For Children, Teens and Adults with Disabilities

All Around the World:

Travel the 7 Continents with your friends at Easter Seals Southeast Wisconsin



Waukesha Parks, Recreation
& Forestry Department



Milwaukee County Office for
Persons with Disabilities



Easter Seals offers a specialized After School Program for children ages 7-21. We warmly welcome children with all types of special needs including emotional and behavior challenges.

We provide:

- Additional support during your work day
- Respite services
- A quality, customized program experience
- A safe, fun and caring environment



After School Programs are offered Monday through Friday 2:30 to 6:00 pm with locations in Wauwatosa and Waukesha.

To register, contact Lindsey Kirschbaum at 414-482-0133 x2301 or visit www.eastersealswise.com



Camp Registration Policies and Procedures

Please read the following policies and procedures before registering for the 2012 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. Please complete pages 7-10,12,13 for Holler Park/ Schuetzle 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 quickly, 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, 2012. 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 time frame which you agreed, you will not be able to attend camp until your payment is made. Families paying privately must complete the Private Pay Agreement form located in the center of your book.

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. *Please work closely with your case manager to acquire Authorization for Services so that your child/ward will be able to enroll in camp as soon as possible.*

PLEASE NOTE

Registrations will no longer be accepted in person or mailed to our Holler Park location.

ALL payments, registrations, and applications must be mailed or turned in to:

**Easter Seals Southeast Wisconsin
1016 Milwaukee Ave.
South Milwaukee WI 53172**

An envelope has been provided for your convenience

Office hours for in person registration at our South Milwaukee Offices are 9am to 3pm.

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



Wil-O-Way Summer Respite Camp

Mondays-Fridays

Session 1: June 25-July 13

Session 2: July 16-August 3

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)

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

We offer:

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

The Wil-O-Way Summer Respite Camp also offers snacks, personal care and medication administration as needed.

The camp provides at least 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.

All final schedule changes must be made by May 10, 2012.

Please inform Easter Seals staff of any vacation days or days of the week that your child will miss regularly.

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

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.

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 27th 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 22nd, 2012 from 4:00pm - 6:00pm. You will receive a reminder flyer in the mail prior to the open house. In addition to the Open House, Respite Manager and Respite Coordinator will be available for a one on one meeting with all new enrollees prior to the camp open house date in order to assess camper needs and placement. If your camper has significant medical needs, please have someone available during orientation to assist C.N.A. staff in becoming familiar with proper care techniques.

Fee

The actual cost of camp, without the extra funding provided by Milwaukee County Office for Persons with Disabilities, is \$1,275 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 FRIDAY, APRIL 27TH.

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.

Holler Park *and* Schuetze Summer Respite Camps

**Mondays-Fridays,
June 18-August 17**

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)

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**

All final schedule changes must be made by May 10, 2012.

Please inform Easter Seals staff of any vacation days or days of the week that your child will miss regularly.

Personal Care

Personal care and medication administration are provided by a trained and certified CNA as needed. The camp provides at least one 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 15th from 4:00 pm-6:00 pm. You will receive a reminder flier in the mail prior to the open house. In addition to the Open House, Respite Manager and Respite Coordinator will be scheduling a one on one meeting with all new enrollees prior to the camp open house date in order to assess camper needs and placement. If your camper has significant medical needs, please have someone available during orientation to assist C.N.A. staff in becoming familiar with proper care techniques.

Fees

Campers must register and pay for the entire nine week program in accordance with the Private Payment Agreement located in the center of your book. The fee covers staff costs, field trips, art projects, snacks, t-shirt, backpack and special services.

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

Campers paying privately must adhere to the terms of the Private Pay Agreement form that is located in the center of your book.

For Holler Park Respite Camp, 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 12.

For Schuetze Respite Camp, A \$40 (City of Waukesha residents, 53186, 53187, 53188, 53189) 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 18th due to the late ending of the school year.*

Easter Seals coordinates and staffs the Holler Park Summer Respite Camp located west of the airport. Easter Seals Southeast Wisconsin also coordinates and staffs the Schuetze Summer Respite Camp at the Schuetze Recreation Center in downtown Waukesha near Frame Park. The sites accommodate 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, 2012.
Please inform Easter Seals staff of any vacation days or
regularly scheduled absences so that Easter Seals can
staff the camp appropriately.*



Holler Park *and* Schuetze Summer Respite Camps are inclusive and support campers with and without disabilities

Sibshops

In order to promote inclusive opportunities for our campers at Holler Park and Schuetze Recreation Center, we encourage parents to enroll their typically developing siblings and peers in our camps. To make this a more affordable option for families, there is a reduced rate for neuro-typically developing siblings which is detailed in the payment section located on page 12.

To better serve the needs of siblings of children with disabilities who attend camp with their brother or sister, this year we will be providing Sibshops at both our Holler Park and Schuetze Recreation Center Respite Camps! Sibshops will be provided by a certified instructor every other week for all siblings who attend camp. We must have a minimum of 5 siblings at each site in order to provide this service.

Sibshops are opportunities for brothers and sisters of children with special needs to obtain peer support and education within a recreational setting. They are safe environments in which a child can express his or her concerns, but also be proud of their sibling with special needs.

Sibshops have proven successful in creating a stronger bond between siblings, as well as a safe environment for "sibs" without disabilities to address any concerns he or she may be having in trying to address their sibling's disabilities. The workshops provide a fun environment that will allow a child the opportunity to receive these services while participating in games and activities, and the making of a light lunch.

Five Goals of Sibshops

1. Sibshops will provide brothers and sisters of children with special needs an opportunity to meet other siblings in a relaxed, recreational environment.
2. Sibshops will provide brothers and sisters with opportunities to discuss common joys and concerns with other siblings of children with special needs.
3. Sibshops will provide brothers and sisters with an opportunity to learn how others handle situations experienced by siblings of children with special needs.
4. Sibshops will provide siblings with an opportunity to learn more about the implications of their brothers' and sisters' special needs.
5. Sibshops will provide parents and other professionals with opportunities to learn more about the concerns and opportunities frequently experienced by brothers and sisters of people with special needs



<http://www.facebook.com/eastersealswise>



<https://twitter.com/ESSoutheastWI>



For All Camps Behavior Information

Camper's Name _____

**FOR HOLLER PARK and SCHUETZE, FILL OUT PAGES 7-10, 12 & 13
FOR GRANT and UNDERWOOD, FILL OUT PAGES 7-12**

Please check the camp(s) your camper will be attending.

- Wil-O-Way Summer Respite Camp - Grant Recreation Center (Milwaukee)
- Wil-O-Way Summer Respite Camp - Underwood Recreation Center (Waukesha)
- Holler Park Summer Respite Camp (Milwaukee)
- Schuetze Summer Respite Camp (Waukesha)

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

Please check all that are appropriate (to better serve the participant):

For each item checked please describe triggers, what the behavior(s) look like - typical duration, frequency, and intensity - as well as any tips to help our staff decrease the behaviors and/or avoid the behaviors in the comments section.

Be as descriptive as possible so we can do all we can to make sure campers remain successful at camp.

- Generally Easy-Going / Happy
- Verbally Aggressive / Demanding
- Shy / Withdrawn
- Physically Aggressive
- Unsure of New Situations
- Wanders / Needs Continuous Direction
- Helpful
- Other _____

Comments:

Please check all the activities the camper enjoys:

- Arts and Crafts
- Bowling
- Gardening
- Sports and Games
- Basketball
- Cookouts
- Movies
- Swimming
- Baseball
- Dancing
- Music
- Volleyball
- Board Games
- Fishing
- Nature Hikes
- Other: _____

Are there any activities that should be specifically excluded? Yes No

If yes, please specify: _____

Does the participant have any fears? Yes No

If yes, please explain: _____

Please write any other information you feel our staff would benefit from knowing: PLEASE BE AS DESCRIPTIVE AS POSSIBLE!

(For teachers and/or other caregivers) Please write any other information you feel our staff would benefit from knowing: PLEASE BE AS DESCRIPTIVE AS POSSIBLE!



For All Camps Care Information

Camper's Name: _____

**FOR HOLLER PARK and SCHUETZE, FILL OUT PAGES 7-10, 12 & 13
FOR GRANT and UNDERWOOD, FILL OUT PAGES 7-12**

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

Camper's Name: _____

**FOR HOLLER PARK and SCHUETZE, FILL OUT PAGES 7-10, 12 & 13
FOR GRANT and UNDERWOOD, FILL OUT PAGES 7-12**

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: _____



2012 WIL-O-WAY Summer Respite Camps Application

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

Preferred Camp Site: Grant Park Underwood Park

Session(s): A June 25-July 13 B July 16-August 3 A&B June 25-August 3

How did you hear about us?

Brochure Resource Fair Website Word-of-mouth Facebook/Twitter 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: _____ 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
- Down Syndrome
- Cerebral Palsy
- Attention Deficit Disorder
- Cognitive Disability
- Hearing Impairment
- Learning Disability
- Physical Disability
- Speech/Language
- Emotional Disability
- Rett Syndrome
- Other _____

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
- Extra Shirts: 6/8 10/12 14/16 Sm Med Lg XL 2XL 3XL

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, especially over the week of the 4th of July

(This information will help us to staff the camps appropriately over the course of the summer) : _____

Please Complete Next Page





2012 For All Camps Fee & Payment Information

Camper's Name _____

Name: _____
 Address: _____
 Date of Birth: _____
 Guardian Name: _____
 Guardian Address (if different than camper's): _____
 Guardian Phone Number(s): _____
 Guardian email address(es): _____

<input type="checkbox"/> Wil-O Way Grant			<input type="checkbox"/> Wil-O-Way Underwood		
Check Session(s) and Fees	Milwaukee County Resident	Non-Resident	Check Session(s) and Fees	Milwaukee County Resident	Non-Resident
<input type="checkbox"/> One: June 27-July 15	<input type="checkbox"/> \$255	<input type="checkbox"/> \$410	<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"/> 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"/> Both Sessions: June 27-August 5	<input type="checkbox"/> \$475	<input type="checkbox"/> \$630

<input type="checkbox"/> Holler Park Respite Camp		<input type="checkbox"/> Schuetze Park Respite Camp	
<input type="checkbox"/> Full Day: 9am-4:30pm	<input type="checkbox"/> \$1460 <input type="checkbox"/> \$1125 (sibling cost)	<input type="checkbox"/> Full Day: 9am-4:30pm	<input type="checkbox"/> \$1460 <input type="checkbox"/> \$1125 (sibling cost)
<input type="checkbox"/> AM care: 7:30am-9am	<input type="checkbox"/> \$475 <input type="checkbox"/> \$225 (sibling cost)	<input type="checkbox"/> AM care: 7:30am-9am	<input type="checkbox"/> \$475 <input type="checkbox"/> \$225 (sibling cost)
<input type="checkbox"/> PM care: 4:30pm-6pm	<input type="checkbox"/> \$475 <input type="checkbox"/> \$225 (sibling cost)	<input type="checkbox"/> PM care: 4:30pm-6pm	<input type="checkbox"/> \$475 <input type="checkbox"/> \$225 (sibling cost)
<input type="checkbox"/> Half Day: 12pm-4:30pm	<input type="checkbox"/> \$1085 <input type="checkbox"/> \$565 (sibling cost)	<input type="checkbox"/> Half Day: 12pm-4:30pm	<input type="checkbox"/> \$1085 <input type="checkbox"/> \$565 (sibling cost)
<input type="checkbox"/> \$40 registration fee		<input type="checkbox"/> \$40 registration fee (City of Waukesha Residents 53186, 53187, 53188, 53189)	
<i>*If more than one child per family are being entered into either camp, each individual application requires a registration fee to pay for administrative costs</i>		<input type="checkbox"/> \$140 (non-residents)	

Extra Shirt Orders – Please add \$8 For each extra t-shirt ordered								
<input type="checkbox"/> 6/8	<input type="checkbox"/> 10/12	<input type="checkbox"/> 14/16	<input type="checkbox"/> small	<input type="checkbox"/> med	<input type="checkbox"/> large	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	<input type="checkbox"/> XXXL

Total Fee:	
Amount enclosed (\$100 deposit necessary for WOWs):	

The initial camp deposit/registration fee is due when the camp application is submitted.
 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 (If no, please fill out Private Pay Agreement on page located in the center of your book)

Name of Funding Source (e.g. IRIS, DHHS, etc.): _____
 Case Manager: _____ Email: _____ Phone: _____

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

Applications will be considered complete and will thusly be accepted ONLY when the Easter Seals Business Office has received:

1. An application that is completely filled out
2. Registration Fee
3. An authorization if the camper is funded OR full payment of camp fees if private pay



2012 Holler Park and Schuetze Summer Respite Camps Application

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

Has applicant ever attended Holler Park or Schuetze Camp (SPARC)? Yes No

Preferred Camp Site: Holler Park (Milwaukee) Schuetze (Waukesha)

Schedule: Circle the days the camper will be attending.

- Full Day 9:00-4:30 M T W TH F
- Half Day 12:00-4:30 M T W TH F
- AM Care 7:30-9:00 M T W TH F
- PM Care 4:30-6:00 M T W TH F

Please list any dates you will not be attending camp, especially over the week of 4th of July.

You are required to commit to nine weeks even if you will miss days over the summer.

How did you hear about us?

- Brochure Resource Fair Website Word-of-mouth Facebook/Twitter 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: _____

Case Manager Name: _____ Work Phone: () _____

Company: _____ Cell Phone: () _____

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

Disability (check all that apply):

- Autism Learning Disability
- Down Syndrome Physical Disability
- Cerebral Palsy Speech/Language
- Attention Deficit Disorder Emotional Disability
- Cognitive Disability Rett Syndrome
- Hearing Impairment Other _____

Gender: Male Female

Heritage:
 African American Hispanic
 Asian Native American
 Caucasian Other _____

Degree of Disability: Mild Moderate Severe

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

Physical Limitation:

- Ambulation Speech
- Hearing Spasticity
- Prosthesis None
- Sight

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

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



CAMP “WISH LIST”

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

- Nonperishable healthy snacks (chips, crackers, etc.)
- Weekly awards (you are great! stickers, etc)
- Coloring and word search books
- Board games (child and adult)
- Puzzles (child and adult)
- Colored copier paper
- Inflatable pool chairs
- Disposable cameras
- Bulk craft supplies
- Latex free gloves
- Disposable cups
- Sugar free juice
- Sidewalk chalk
- Paper towels
- Clorox wipes
- Baby wipes
- Sunscreen
- Bug spray
- Tie dye kits
- Paper plates
- Swim diapers
- 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!

Adult Recreation

For adults ages 16 and up

Spring session begins February 4 and runs through May 5, 2012. Register today!

We have a wide variety of classes to offer this Spring including these exciting new activities:

Photo Opportunities - a digital photography and scrapbooking class

Spring and Sprout - a gardening and cooking class

Disc Golf - an exciting game that’s fun for everyone

RECREATION CENTERS

Holler Park Recreation Center

5151 South 6th Street, Milwaukee, WI 53221

Wil-O-Way Underwood Recreation Center

10602 Underwood Parkway, Wauwatosa, WI 53226

Wil-O-Way Grant

207 Lake Drive, South Milwaukee, WI 53172

Wauwatosa Center

7111 West Center Street, Wauwatosa, WI 53226

For more information visit www.eastersealswise.com

Looking for something to do on Friday night?

Meet your friends at Wil-O-Way Grant, Wil-O-Underwood or Moose Lodge for a GREAT time! Dance to the music of DJ DB Jammin' and enjoy snacks and conversations with your friends.

Wil-O-Way Grant Recreation Center

207 Lake Drive, South Milwaukee

February 17th Sweetheart Dance
 March 2nd Spring Celebration
 March 16th St Patty's Day Frolic
 April 20th Earth Day Prom
 May 4th Cinco De Mayo Bash

Wil-O-Way Underwood

10602 Underwood Parkway, Wauwatosa

February 17th Valentine's Day Dance
 March 2nd Goodbye to Winter
 March 16th Lucky Leprechaun
 April 20th Brewer's Bash
 May 4th May Day Prom, 6-9 pm

Moose Lodge

5476 South 13th Street, Milwaukee

February 10th Ground Hog Groove
 February 24th Mardi Gras Bash
 March 9th Happy Birthday Dr. Seuss
 March 23rd Happy Spring Hop

Fridays
7 PM to 9 PM





WALK WITH ME



Walk to Change the Lives of Children and Adults with Disabilities

SAVE THE DATE
6th Annual Walk With Me
 Friday, June 15th
 Potawatomi Stage at Polish Fest

Register online in February
walkwithme.org/milwaukee
 or call for more event information
 call 414-449-4444 x 3254



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PAID
Milwaukee, WI
Permit No. 2781

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



in collaboration with
Milwaukee County
Office for Person with Disabilities

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

www.eastersealswise.com