



# AMICI CAMPING CHARITY

www.amicicharity.org

## 2009 NEW CAMPER APPLICATION FORM

*Please print all information:*

Child's Full Name: \_\_\_\_\_  Male  Female

Date of Birth MM/DD/YYYY: \_\_\_\_\_ Age as of June 30<sup>th</sup>: \_\_\_\_\_

Entering Grade \_\_\_\_\_ in September School: \_\_\_\_\_

Home Address: (number and street): \_\_\_\_\_

(city): \_\_\_\_\_ (province): \_\_\_\_\_ (postal code): \_\_\_\_\_

Child lives with:  both parents  mother  father  guardian(s)  other: \_\_\_\_\_

Does your child have any special needs and/or physical disabilities?  YES  NO

If yes, please describe: \_\_\_\_\_

Is your child currently taking any prescription medication?  YES  NO

If yes, please describe: \_\_\_\_\_

How were you referred to Amici Camping Charity? \_\_\_\_\_

Is your child aware of Amici and our role in sending him/her to camp?  YES  NO

Have you previously applied for Amici assistance?  YES date: \_\_\_\_\_  NO

Have any other children in your family and/or household ever received Amici assistance?

YES Name of child(ren): \_\_\_\_\_  NO

### **Parent/Guardian Information:**

Parent/ Guardian 1: First & Last Name: \_\_\_\_\_

Marital Status:  single  married  common-law  separated  divorced  other: \_\_\_\_\_

Phone Number: (day): \_\_\_\_\_ (evenings): \_\_\_\_\_

(cell phone): \_\_\_\_\_

Email: \_\_\_\_\_

Parent/ Guardian 2: First & Last Name: \_\_\_\_\_

Marital Status:  single  married  common-law  separated  divorced  other: \_\_\_\_\_

Phone Number: (day): \_\_\_\_\_ (evenings): \_\_\_\_\_

(cell phone): \_\_\_\_\_

Email: \_\_\_\_\_



# AMICI CAMPING CHARITY

www.amicicharity.org

2009 NEW CAMPER APPLICATION FORM (page 2 of 6)

## **Camp Selection:**

What Amici Partner Camp would you most like your child to attend? \_\_\_\_\_  
(please note that Amici cannot guarantee placement of your child at any particular camp)

Why do you feel your child would benefit from attending summer camp?

---

---

Has your child attended other summer camps before:  YES  NO

If YES, what type of camp: day camp\_\_\_ overnight camp\_\_\_

For how long? (eg. 1 week, 2 weeks, a month etc...) \_\_\_\_\_

Please give a brief description of his/her experience at these camps:

---

What is your main concern with your child at this time?

---

What are your child's main interests?

---

What are your child's strengths?

---

Have you ever been involved with a Child & Family Clinic, a mental health or child welfare agency or other similar services in an effort to help your child?  YES  NO

Name of Agency & Contact Person: \_\_\_\_\_

Date of involvement MM/DD/YYYY: \_\_\_\_\_ Tel #: \_\_\_\_\_

Type of involvement (eg behaviour management therapy, residential treatment, social skills development): \_\_\_\_\_

Have you or your child applied for summer camp funding from any other sources?

YES please list organizations: \_\_\_\_\_  NO

What other activities will your child participate in this summer?

---

Please provide us with any additional information which could help us better understand your child and meet his/her needs in matching him/her with an appropriate summer camp.

---



# AMICI CAMPING CHARITY

www.amicicharity.org

2009 NEW CAMPER APPLICATION FORM (page 3 of 6)

**Financial & Household Information:** (all information is held as strictly confidential)

| <u>Name of Parent/Guardian</u> | <u>Occupation</u> | <u>Place of Employment</u> | <u>Annual Income</u> |
|--------------------------------|-------------------|----------------------------|----------------------|
| _____                          | _____             | _____                      | _____                |

Are you currently receiving financial social assistance?  YES  NO

If yes, please specify the type(s) of social assistance \_\_\_\_\_

and the total amount per month that you receive \_\_\_\_\_

Please specify any extraordinary expenses that Amici should be aware of: \_\_\_\_\_

Annual Pre-Tax Family Income (from all sources)

- <\$28,800 \_\_\_\_\_
- \$28,800 - \$34,999 \_\_\_\_\_
- \$35,000 - \$42,999 \_\_\_\_\_
- \$43,000 - \$48,699 \_\_\_\_\_
- \$48,700 - \$54,999 \_\_\_\_\_
- \$55,500 - \$61,299 \_\_\_\_\_
- >\$61,300 \_\_\_\_\_

Family Members: (please include all persons **currently** living in your home)

| <u>Name</u> | <u>Age</u> | <u>Relationship to Camper</u> |
|-------------|------------|-------------------------------|
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |
| _____       | _____      | _____                         |

Is there a parent/guardian **outside** the home who is involved with this child?  YES  NO

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

How much contact does this parent/guardian have with this child?

\_\_\_\_\_



# AMICI CAMPING CHARITY

www.amicicharity.org

2009 New Camper Application Form (page 4 of 6)

## **Application References:**

Please include **TWO (2)** letters of reference with your application. Each letter of reference should be accompanied by a **REFERENCE FORM (see pages 5 & 6)**, signed by the person who provides the reference.

The letters of reference may come from any of the following individuals: school guidance counselor, teacher, principal, social worker, religious or community leader, doctor, extra-curricular coach (sports or otherwise). References should come from non-relatives only.

The letters of reference should explain why a summer camp experience would benefit your child.

## **Acknowledgement:**

Amici bases its funding decisions on a number of criteria including, but not limited to, financial need, space availability at partner camps, and the individual child's needs. No one factor is determinative.

If your child is approved for funding, you will be asked to contribute a portion of the camp fee. This amount will be no less than a minimum of \$60.

In accepting AMICI's financial assistance in sending your child to summer camp, it is acknowledged and understood that no liability whatsoever shall attach to AMICI Camping Charity and its members, officers or directors, for any claims, losses, damages, costs or expenses for personal injury to the health or welfare of your child or death of your child from whatever cause related to or connected with your child's enrollment at camp and your child's participation in any camp activities.

In signing this application, I, the parent/guardian of agree to pay any outstanding bills to the camp for such items as tuck, transportation, laundry etc., which are not covered by Amici (should funding be approved).

---

Parent / Guardian signature

Date

PLEASE RETURN COMPLETED APPLICATION FORM TO:

Amici Camping Charity  
150 Eglinton Ave East, Suite 204  
Toronto, ON M4P 1E8

Tel: 416-588-8026  
Fax: 416-486-3854

info@amicicharity.org



# AMICI CAMPING CHARITY

www.amicicharity.org

## NEW CAMPER REFERENCE FORM #1

### Who is Amici Camping Charity?

We strongly believe that camping contributes to the social, physical and spiritual development of youth.

Amici sponsors children at 22 Ontario Camping Association ([www.ontariocamps.ca](http://www.ontariocamps.ca)) accredited summer camps throughout Ontario. We ask that each new child who applies to Amici for financial assistance submit two letters of reference with his or her application.

### An Amici-sponsored camper is a child:

- a) whose family doesn't have the financial means, in whole or in part, to provide their child with a summer camp experience;
- b) who would take something positive away from a camp experience, and who would contribute to their school and/or camp community as a result of this experience;
- c) who has limited avenues through which they can develop the social skills, life skills, and support network (eg role models) that we associate with a camping experience;

You have been asked to write a letter of reference for the following applicant:

\_\_\_\_\_  
Child's Full Name

*The letter of reference should outline why you believe a camping experience would benefit this child.*

A letter of reference may come from any of the following individuals: school guidance counselor, teacher, principal, social worker, religious or community leader, doctor, extra-curricular coach (sports or otherwise). **References should come from non-relatives only.**

Thank you for taking the time to review this form and to write the letter of reference. Please feel free to contact us at (416) 588-8026, or visit our website at [www.amicicharity.org](http://www.amicicharity.org) if you would like more information about our organization.

Please sign below to acknowledge that you have read this Reference Form.

Name of Reference (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please send completed reference form and letter to Amici Camping Charity:  
By Mail: 150 Eglinton Ave East, Suite 204 Toronto ON M4P 1E8  
By Fax: 416-486-3854



# AMICI CAMPING CHARITY

www.amicicharity.org

## NEW CAMPER REFERENCE FORM #2

### Who is Amici Camping Charity?

We strongly believe that camping contributes to the social, physical and spiritual development of youth.

Amici sponsors children at 22 Ontario Camping Association ([www.ontariocamps.ca](http://www.ontariocamps.ca)) accredited summer camps throughout Ontario. We ask that each new child who applies to Amici for financial assistance submit two letters of reference with his or her application.

### An Amici-sponsored camper is a child:

- d) whose family doesn't have the financial means, in whole or in part, to provide their child with a summer camp experience;
- e) who would take something positive away from a camp experience, and who would contribute to their school and/or camp community as a result of this experience;
- f) who has limited avenues through which they can develop the social skills, life skills, and support network (eg role models) that we associate with a camping experience;

You have been asked to write a letter of reference for the following applicant:

\_\_\_\_\_  
Child's Full Name

*The letter of reference should outline why you believe a camping experience would benefit this child.*

A letter of reference may come from any of the following individuals: school guidance counselor, teacher, principal, social worker, religious or community leader, doctor, extra-curricular coach (sports or otherwise). **References should come from non-relatives only.**

Thank you for taking the time to review this form and to write the letter of reference. Please feel free to contact us at (416) 588-8026, or visit our website at [www.amicicharity.org](http://www.amicicharity.org) if you would like more information about our organization.

Please sign below to acknowledge that you have read this Reference Form.

Name of Reference (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please send completed reference form and letter to Amici Camping Charity:  
By Mail: 150 Eglinton Ave East, Suite 204 Toronto ON M4P 1E8  
By Fax: 416-486-3854