



# AMICI CAMPING CHARITY

## 2009 RENEWAL 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

Please indicate the first year your child applied for Amici assistance: \_\_\_\_\_

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

2009 RENEWAL 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)

Is this the same camp your child has previously attended through Amici?:  YES  NO

Please give a brief description of his/her experience at camp last summer:

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

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What are your child's main interests?

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What are your child's strengths?

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

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

What other activities will your child participate in this summer?

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# AMICI CAMPING CHARITY

2009 RENEWAL 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

2009 Renewal Application Form (page 4 of 6)

## **Renewal Surveys:**

Please complete both feedback forms attached to this application (pages 5 and 6).

Parents/Guardians are encouraged to complete ONLY the "PARENTS/ GUARDIANS" survey.

Where possible, please allow campers to fill out the camper survey form on their own.

The information provided in the renewal survey does not determine the acceptance of applications. It is intended as a way to gain information about a child's experience at camp and to improve the service that Amici provides.

## **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).

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Parent / Guardian signature

Date

PLEASE RETURN COMPLETED APPLICATION FORMS TO:

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

Tel: 416-588-8026  
Fax: 416-588-8026

info@amicicharity.org

www.amicicharity.org





# AMICI CAMPING CHARITY

## CAMPER SURVEY

1. What did you like best about camp last summer?

2. What are your goals for camp next summer? Is there anything new that you would like to try? What would you like to accomplish?

3. What is your favourite camp memory?

4. What would your parent/guardian say you learned at camp?

5. Is there anything else that you would like to tell us about camp last summer?