



AMICI CAMPING CHARITY

www.amicicharity.org

2010 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, 2010: _____

Entering Grade _____ in September, 2010 School: _____

Home Address: number, street, apt.# _____

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 you applied for Amici assistance for your child: _____

Have any other child(ren) 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 no. (day) _____ (evenings) _____ (cell) _____

E-mail: _____

Parent/Guardian 2: First & Last Name: _____

Marital Status: single married common-law separated divorced other: _____

Phone no. (day) _____ (evenings) _____ (cell) _____

E-mail: _____



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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? (i.e. 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?

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.

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 #: _____

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

YES please list organizations: _____ NO



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

Please list all sources of household income from persons currently living in your home.

| <u>Name</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)

- <\$30,600 _____
- \$30,600 - \$37,699 _____
- \$37,700 - \$45,699 _____
- \$45,700 - \$51,899 _____
- \$51,900 - \$58,499 _____
- \$58,500 - \$65,099 _____
- > \$65,100 _____

Household 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? _____



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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 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

Child's name

PLEASE RETURN COMPLETED APPLICATION FORMS TO:

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

Tel: 416.588.8026

Fax: 416.486.3854

info@amicicharity.org

www.amicicharity.org



AMICI CAMPING CHARITY

www.amicicharity.org

2010 NEW Camper Application Form

NEW CAMPER REFERENCE FORM #1

You have been asked to write a letter of reference for the following applicant to receive financial support from Amici Camping Charity to attend summer camp:

Child's Full Name _____

Who is Amici Camping Charity?

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

Amici sponsors children at 26 Ontario Camps Association (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 referenced 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 (i.e. role models) that we associate with a camping experience.

Letter of Reference

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 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 Avenue East, Suite 204, Toronto, ON M4P 1E8

By fax: 416.486.3854



AMICI CAMPING CHARITY

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2010 NEW Camper Application Form

NEW CAMPER REFERENCE FORM #2

You have been asked to write a letter of reference for the following applicant to receive financial support from Amici Camping Charity to attend summer camp:

Child's Full Name _____

Who is Amici Camping Charity?

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

Amici sponsors children at 26 Ontario Camps Association (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 referenced 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 (i.e. role models) that we associate with a camping experience.

Letter of Reference

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 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 Avenue East, Suite 204, Toronto, ON M4P 1E8

By fax: 416.486.3854