



AMICI CAMPING CHARITY

www.amicicharity.org

2010 RENEWAL 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)

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:

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?

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

NO YES please list organizations: _____



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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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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 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

