



Camp. It's in you for life.

AMICI CAMPING CHARITY 2023 RENEWAL CAMPER APPLICATION FORM

Please return to:

Amici Camping Charity,
403 - 150 Eglinton Avenue East, Toronto, ON M4P 1E8
Web: www.amicharity.org | Email: jodie@amicharity.org
Tel: (416) 588-8026 | Fax: (416) 486-3854

Please attach a recent photo of the applicant (optional)

**Returning campers are those who have attended overnight summer camp at a partner camp with Amici support previously.
Please complete one form for each child you are applying for.**

SECTION A – CAMPER INFORMATION

Camper's Full Name: _____ Gender: _____

Chosen Name (if different): _____ Pronouns: _____

Home Address: _____ Unit # _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: MM/DD/YYYY: _____ Age as of June 30, 2023: _____

Grade as of September 2022: _____ School: _____

Caregiver/Guardian/Parent 1:	Caregiver/Guardian/Parent 2 (if applicable):
First & Last Name: _____	First & Last Name: _____
Relationship to child: _____	Relationship to child: _____
Phone # (Home) _____	Phone # (Home) _____
(Cell) _____	(Cell) _____
E-mail: _____	E-mail: _____

- Do caregiver/guardian/parent 1 & 2 live in the same household?

YES NO Other _____

Is the other caregiver/guardian/parent aware of this application? YES NO N/A

Emergency / Alternate Contact: (not listed above)

First & Last Name: _____ Relationship to child: _____

Phone #: _____ Email: _____

****The following questions are sensitive in nature and providing an answer is optional and will not affect acceptance to any programming. Learning more about our applicants can help Amici improve the inclusivity of our program.**

- Is the camper a New Canadian or new to Canada?
 YES NO Prefer to self-describe _____ Prefer not to answer
- What racial/ethnic group(s) does the camper belong to?

Please select your answer(s) based on how they describe themselves.

- Arab
- Asian (EG- East Asian, South Asian, Southeast Asian)
- Black
- Hispanic
- Indigenous- Global (Ancestral Lands outside North America)
- Indigenous- North American (E.G- First Nations, Inuit, Métis)
- Jewish (E.G- Ashkenazi, Ethiopian, Mezrahi, Sephardi)
- Latino/Latina/Latinx/Latine
- Middle Eastern/North African (MENA)
- Multiracial
- Pacific Islander
- White
- I prefer to self-describe:

- I prefer not to answer

Our options are non-exhaustive and represent an assortment of racial identities, ethnic groups, and national and geographic origins.

We do not intend to use this information to further stereotypes but use data to ensure that we're supporting people from various backgrounds

SECTION B – CAMPER PROFILE

Camp selection:

At Amici our hope is that campers continue to attend the same camp for many years. If the camper would like to change to a different camp, please let us know the reason(s).

**** Please note that Amici cannot guarantee placement of your child at any particular camp.**

- The camper would like to attend the same camp as they did previously

Camp: _____ Session: _____

- If possible, my camper would be interested in attending for a longer session

- The camper would like to attend a different camp

Camp Request: _____ Session: _____

Reason for changing camp: _____

Dates the camper cannot attend camp: _____ Reason: _____

- Do you have access to a vehicle if the camp does not provide busing? YES NO

Camp Experience: .

Did the camper's most recent camp experience meet your expectations? Why? Why not?

Please describe the impact that camp had on the camper. What did they learn? How did they change as a result of camp?

- Would you or the camper be willing to tell donors & volunteers about the impact that camp has had on your lives? These stories help Amici send more children to camp in the future.

Yes, we'd love to tell my story in a letter or at an event

No, we'd rather not

Medical & Health Needs:

Have there been any changes to the camper's physical or mental health in the past year that you'd like to let us know about?

How would a camp best support their needs?

SECTION C – HOUSEHOLD & FINANCIAL INFORMATION

****IMPORTANT:** Please include with this application, a copy of the most recent Notice(s) of Assessment, (NOA), as issued by the Canada Revenue Agency, for each adult providing financial support to this camper and/or living in the same household as the camper.

Household Members:

Adults:

Please list all adults **currently** living in your home. Include occupation, place of employment and annual income where applicable.

Name	Occupation	Place of Employment	Annual Income
_____	_____	_____	_____
_____	_____	_____	_____

Children & Youth:

Please list all children/youths (including applicant) **currently** living in your home.

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____

Household Income:

Please list the total from line 15000 of Caregiver/Guardian/Parent 1 NOA: _____

Please list the total from line 15000 of Caregiver/Guardian/Parent 2 NOA (if applicable): _____

Please list any additional income not included in the NOA(s) ie. child support, inheritance, insurance settlements, spousal support, expenses covered by adults outside of the household etc: _____

Total household income from all sources: _____

If you have additional expenses you'd like to tell us about or If there has been a change in your income that is not reflected in your NOA, please provide details and an estimation of a more accurate total household income:

Have you applied for or received assistance with summer camp fees for summer 2023 from other sources?

YES, please indicate where _____ NO

I agree to update Amici Camping Charity if I apply for or am granted assistance with summer camp fees for summer 2023 from other sources.

SECTION D – ACKNOWLEDGMENT

As the legal guardian of _____, I agree to and understand the following:

- I acknowledge that all information contained in this application is accurate to the best of my knowledge. I agree to notify Amici Camping Charity in writing regarding any changes or updates to this information. **I agree to notify Amici Camping Charity if I receive support for summer camp fees from any other source(s).**
- I give Amici Camping Charity permission to share information contained in this application, letters of support and/or conversations with referees with the child’s camp only as necessary.
- I give Amici Camping Charity permission to use photos and video of the child at camp in promotion and marketing initiatives. **This permission is optional.**
 YES NO
- 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 determinate. Amici Camping Charity will not review an application that is not considered complete. I understand that a **complete RENEWAL Camper Application must include all requested written information, plus the most recent Notice(s) of Assessment for each person providing financial support to the camper applicant.**
- If the child is approved for funding, I will be asked to contribute a portion of the camp fee. This amount will be a minimum of \$75 per camper, and is non-refundable. Upon acceptance of the child for sponsorship, I understand that this fee is due no later than April 30, 2023 unless otherwise informed. I understand that late payment or non-payment of the fee may result in the child’s successful application being declined and the child’s sponsored spot being offered elsewhere. I 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).
- In accepting Amici’s financial assistance in sending the child to summer camp, I acknowledge and understand 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 the child or death of the child from whatever cause related to or connected with the child’s enrollment at camp and the child’s participation in any camp activities.

Parent/Guardian signature Date

Parent/Guardian name (please PRINT) Child’s name