



Camp. It's in you for life.

AMICI CAMPING CHARITY

2022 NEW CAMPER APPLICATION FORM

Please return to:

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

Please attach a recent photo of the applicant (optional)

Complete this form if your child has never received funding from Amici Camping Charity. Please complete one form for each child you are applying for.

SECTION A – CAMPER INFORMATION

Child's Full Name: _____ Gender: _____

Chosen name (if different from above): _____ Pronouns: _____

Home Address: _____ Unit # _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: MM/DD/YYYY: _____ Age as of June 30, 2022: _____

Grade as of September 2021: _____ School: _____

Parent/Guardian 1:	Parent/Guardian 2 (if applicable):
First & Last Name: _____	First & Last Name: _____
Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father	Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father
<input type="checkbox"/> other: _____	<input type="checkbox"/> other: _____
Phone # (Home) _____	Phone # (Home) _____
(Cell) _____	(Cell) _____
E-mail: _____	E-mail: _____

Do parent/guardian 1 and parent/guardian 2 live in the same household?

YES NO Other _____

If No, is the other parent/guardian aware of this application? YES NO

Emergency / Alternate Contact: (not listed above)

First & Last Name: _____, _____ Relationship to child: _____

Phone # _____ Email: _____

CAMPER INFORMATION Continued:

****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.**

Do you or your child identify as a New Canadian? YES NO Prefer not to answer

With which ethnicity(ies) does your child identify? _____

Ethnicity is defined as a person's geographic or cultural origins, as they are linked to heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics. This question is optional.

With which race(s) does your child identify? _____

Race is defined as a group of people who have in common some visible physical traits.

SECTION B – CAMPER PROFILE

Camp Selection:

Which Amici partner camp(s) would you most like your child to attend? Please refer to the 'Partner Camps section at www.amicicharity.org for a complete list of current partner camps. Amici is only able to support campers to attend a partner camp.

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

NO PREFERENCE (Please help me select a camp). OR

Camp Preference #1: _____ Session: _____

Camp Preference #2: _____ Session: _____

I am only interested in the above camp(s) OR

If the above listed camp(s) are not available, I am interested in a different camp

Dates your child cannot attend camp: _____ Reason? _____

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

Would you and your child be interested in a faith-based camp? YES YES

If YES, which faith? _____

Has this child ever received funding to attend camp previously?

YES Organization: _____ NO

CAMPER PROFILE Continued...

Camp Experience and Interest:

Please tell us about your child including any previous camping or camp experience and their interest and/or reservations about attending camp this coming summer:

Medical & Health Needs:

Does your child have any physical, developmental, psychological, behavioural, or emotional conditions, challenges or limitations? Please provide details so your child can be well supported at camp.

NO Yes, please describe: _____

Does your child require any additional support while at camp?

NO Yes, please explain: _____

Application History:

How did you hear about Amici Camping Charity? _____

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

Is this the first time you have applied to Amici for this child? YES NO

If NO, when did you apply previously _____

****Note:** Applicants who received funding through Amici's 2021 Camper Support Fund for alternative programming or purchases but have never attended overnight camp at a partner camp with Amici support, are asked to complete the New Camper Application Form.

Have any other child(ren) in your family and/or household ever received Amici assistance?

YES Name of child(ren): _____ NO

SECTION C – HOUSEHOLD & FINANCIAL INFORMATION

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

Household Members:

Adults:

Please list all adults **currently** living in your home. Include Occupation, Place of Employment and Annual Income where applicable.

<u>Name</u>	<u>Occupation</u>	<u>Place of Employment</u>	<u>Annual Income</u>
_____	_____	_____	_____
_____	_____	_____	_____

Children & Youth:

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

<u>Name</u>	<u>Age</u>	<u>Name</u>	<u>Age</u>
_____	_____	_____	_____
_____	_____	_____	_____

Household Income:

Please list the total from line 150 (gross income) of Parent/Guardian 1 NOA: _____

Please list the total from line 150 of Parent/Guardian 2 NOA (if applicable): _____

Please list any additional income not included in the NOA(s) ie. child support, inheritance, insurance settlements, spousal support, 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 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 from other sources.

SECTION D – ACKNOWLEDGMENT

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

1. 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 my child's camp only as necessary. I give Amici Camping Charity permission to use photos and video of my child at camp in promotion and marketing initiatives.
2. 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 NEW Camper Application must include all requested written information, plus two (2) reference contact forms, one (1) letter of support and the Notice(s) of Assessment for each person providing financial support to the camper applicant. If a reference check was completed in 2021, references may not be necessary. Please contact Amici.**
3. If my 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 my child for sponsorship, I understand that this fee is due no later than April 30, 2022 unless otherwise informed. I understand that late payment or non-payment of the fee may result in my child's successful application being declined and my 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).
4. In accepting Amici's financial assistance in sending my 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 my child or death of my child from whatever cause related to or connected with my child's enrollment at camp and my child's participation in any camp activities.

Parent/Guardian signature

Date

Parent/Guardian name (please PRINT)

Child's name