



Camp. It's in you for life.

# AMICI CAMPING CHARITY 2022 RENEWAL 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 | 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

Child's Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Chosen Name (if different than 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 <input type="checkbox"/> other: _____	Relationship to child: <input type="checkbox"/> mother <input type="checkbox"/> father <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:**

At Amici our hope is that campers continue to attend the same camp for many years to create a 'home away from home'. If your child would like to change to a new camp, please let us know the reason(s).

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

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

Camp: \_\_\_\_\_ Session: \_\_\_\_\_

My camper would like to attend a different camp

Camp: \_\_\_\_\_ Session: \_\_\_\_\_

Reason for changing camp: \_\_\_\_\_

\_\_\_\_\_

Dates your child cannot attend camp: \_\_\_\_\_ Reason: \_\_\_\_\_

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

**Short Answer Survey Questions .**

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

**CAMPER PROFILE Continued...**

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

Would you or your child 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, I'd love to tell my story in a letter or at an event
- No, I'd rather not

**Medical & Health Needs:**

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

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How would a camp best support your child's needs? \_\_\_\_\_

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**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 line150 of Parent/Guardian 1 NOA: \_\_\_\_\_

Please list the total from line150 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.**
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