

Camp. It's in you for life.

# AMICI CAMPING CHARITY 2020 <u>RENEWAL</u> CAMPER APPLICATION

Please attach a

recent photo of the applicant (optional)

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

Complete this form if your child has received funding from Amici Camping Charity before.

Please complete one form for <u>each</u> child you are applying for.

# **SECTION A – CAMPER INFORMATION**

| Child's Full Name:                       | Gender:                                  |  |  |
|--|--|--|--|
| Home Address: (number, street, apt. #)   |  |  |  |
| City:P                                   | rovince: Postal Code:                    |  |  |
| Date of Birth: MM/DD/YYYY:               | Age as of June 30, 2020:                 |  |  |
| Entering Grade in September 2020 School: |  |  |  |
| Parent/Guardian 1:                       | Parent/Guardian 2 (if applicable):       |  |  |
| First & Last Name:                       | First & Last Name:                       |  |  |
|  |  |  |  |
| Relationship to child:  mother  father   | Relationship to child:  □mother  □father |  |  |
| □other:                                  | □other:                                  |  |  |
| Phone # (Home)                           | Phone # (Home)                           |  |  |
| (Work)                                   | (Work)                                   |  |  |
| (Cell)                                   | (Cell)                                   |  |  |
| E-mail:                                  | E-mail:                                  |  |  |

Who has legal custody of this child: 
Parent/Guardian 1 
Parent/Guardian 2 
Both 
Other

If parents do not live together, is the other parent aware of this application? 
□ YES □ NO

| Emergency / Alternate Contact: First & Last Name: |        |        |  |  |  |
|---|--------|--------|--|--|--|
| Relationship to child:                            |        |        |  |  |  |
| Phone # (Home)                                    | (Work) | (Cell) |  |  |  |
| Email:  |        |        |  |  |  |

Charitable Registration # 13205 7050 RR 0001

Renewal Camper Application Form Page 1 of 4

## 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 reasons.

\*\* 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 in 2019.

| Camp:   | Session: |
|---|----------|
| My camper would like to attend a different camp |          |
| Camp:   | Session: |
| Reason for changing camp:                       |          |
|   |          |
| Dates your child cannot attend camp:            | Reason:  |

Short Answer Survey Questions (if you need more space, please feel free to include your responses on a separate piece of paper):

1. Did your child's camp experience this year meet your expectations? Why? Why not?

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

- 3. 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

## SECTION C - HOUSEHOLD & FINANCIAL INFORMATION

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

| Name                         | <u>Occupation</u>           | Place of Employment | Annual Income  |
|------------------------------|-----------------------------|---------------------|----------------|
|                              |                             |                     |                |
|                              |                             |                     |                |
| Children:                    |                             |                     |                |
| Please list all children cur | rently living in your ho    | me.                 |                |
| Name                         | <u>Ac</u>                   | e                   |                |
|                              |                             |                     |                |
|                              |                             |                     |                |
|                              |                             |                     |                |
|                              |                             |                     |                |
| Annual <u>Pre-Tax</u> Househ | old Income (from <u>all</u> | sources):           |                |
| Income (Employment, Pe       | nsion, WSIB, etc)           | \$                  |                |
| Social Assistance Income     | (OW, ODSP, etc)             | \$                  |                |
| Child Support :              |                             | \$                  |                |
| Other Income:                |                             | \$                  |                |
| Total:                       |                             | \$ Annual           | Pre-Tax Income |

If you wish, please share any additional information that will help us assess your requirement for financial

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

YES 
NO

If yes, please indicate where:

assistance:

□ 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:

- 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 his application, letters of reference 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.
- 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.
- 3. If my child is approved for funding, I will be asked to contribute a family 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, 2020, unless otherwise indicated. 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 |      |  |
| PLEASE RETURN COMPLETED APPLICATION   | FORMS TO:    |      |  |
| Amici Camping Charity<br>150 Eglinton Avenue East, Suite 403<br>Toronto, ON M4P 1E8 |              |      |  |
| Tel: (416) 5madeline@amicicharity.org88-8026  |              |      |  |

jodie@amicicharity.org

Fax: (416) 486-3854