AMICI CHILDREN'S CAMP CHARITY

2026 NEW CAMPER APPLICATION FORM

Please return to:
Amici Children's Camp Charity
1103 - 1 St. Clair Avenue West, Toronto, ON M4V 1K6
Web: www.amicicharity.org | Email: shantal@amicicharity.org
Tel: (416) 588-8026 ext. 201

If you would like to, please attach a recent photo of the applicant

*Complete this form if your child has **never received funding from Amici Children's Camp Charity 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 from above): _____ Pronouns: _____
Home Address: _____ Unit #: _____
City: _____ Province: _____ Postal Code: _____
Date of Birth: MM/DD/YYYY: _____ Age as of June 30, 2026: _____
Grade as of September 2025: _____ School: _____

Caregiver/Guardian/Parent 1&2 (if applicable):

Full Name: _____	Full Name: _____
Relationship to child: _____	Relationship to child: _____
Primary Phone #: _____	Primary Phone #: _____
E-mail: _____	E-mail: _____

Do Caregivers/Guardians/Parents 1 & 2 live in the same household?

- □ YES, caregivers/guardians/parents 1 & 2 live in the same household
- □ NO, this is a single/solo caregiver/guardian/parent household
- □ Other: _____

**PLEASE NOTE: It is not Amici's role or responsibility as funder to verify or confirm that all caregivers/guardians/parents of the child are aware of, and consented to, this application. It is your responsibility alone to obtain any necessary consents, to inform the camp of the applicable child custody arrangements and to ensure that you have the legal ability to make decisions regarding overnight camp (i.e. registration, pick up/drop off and all camp communication).*

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.*

Are you or your camper(s) a newcomer to Canada?
(A newcomer to Canada is defined by Statistics Canada as someone who has been living in Canada for five years or less.)
□ YES □ NO □ Prefer to self-describe: _____ □ Prefer not to answer

What racial/ethnic group(s) does the child belong to?
Please select your answer(s) based on how they describe themself.

- ☐ Arab
- ☐ Asian (e.g. 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 are supporting people from various backgrounds.

SECTION B – CAMPER PROFILE

Camp Selection:

Are you interested in a particular partner camp? 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 one of Amici's 48 partner camps and 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 camp(s) are not available, I am interested in a different camp

***When choosing a camp session please note that for the duration of the session, a caregiver/guardian/parent or emergency contact must be available to collect the camper should they for any reason need to return home early.*

Dates the child cannot attend camp: _____ Reason: _____

Amici has partnered with various faith-based camps offering religious programming. Currently Amici partners with camps that offer programming for Christian or Jewish traditions. Would you and the child be interested in a faith-based camp?

□ YES - Christian □ YES - Jewish □NO □MAYBE, I'd like more information

Camp Transportation:

Amici partner camps are located all over Ontario including locations which may be a 3+hr drive from your home. Some, but not all, Amici partner camps offer bussing from various city centres including Toronto/GTA, Ottawa or Kingston.

Amici funding is not inclusive of the costs associated with transportation. A secondary application to request additional support for transportation costs is available upon request following acceptance into Amici Children's Camp Charity. Please reach out to Shantal (shantal@amicicharity.org) to request the transportation form. The deadline to apply for transportation support is April 1, 2026 unless otherwise agreed upon.

What options are available to you for transportation to/from Camp (please do your best to check all that apply).

- ☐ Personal Vehicle (no limitations)
- ☐ Personal Vehicle with limitations (ie distance, vehicle reliability, driver availability), please specify: _____
- ☐ Camp Bus from Toronto/GTA
- ☐ Camp Bus from Ottawa
- ☐ Camp Bus from Kingston
- ☐ Camp Bus from other location, please specify: _____
- ☐ Transportation Support from friend/family/support person
- ☐ Specialized transportation for camper with a disability
- ☐ Other:_____

Camp Experience and Interest:

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

How would you describe your child's swimming ability?
□ Little to No Experience □ Beginner □ Intermediate □ Experienced

Is this applicant attending another overnight summer camp in summer 2026? Have you applied for or received assistance with overnight summer camp fees for summer 2026 from other sources? □ YES □ NO
If yes, please describe that overnight camp experience and any funding source:

**Please note, access to another overnight camp opportunity may result in ineligibility to receive Amici funding.

□ I agree to update Amici Children's Camp Charity if this child registers for another overnight summer camp program or I apply for / am granted assistance with summer camp fees for summer 2026 from other sources.

Medical & Health Needs:

Does the child have any physical, developmental, psychological, behavioral, or emotional conditions, challenges or limitations?
Please provide details so the child can be well supported at camp.
□ YES, please describe: _____ □ NO

Would your child benefit from 1:1 support while at camp?
□ YES, please explain: _____ □ NO

Application History:

How did you hear about Amici Children's Camp Charity?: _____

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

Has 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 (NOA), as issued by the Canada Revenue Agency, for each adult providing financial support to the camper and/or living in the same household as the camper.

Household Members:

Adults:
Please list all adults currently living in the household. 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 the household.

Name Age Name Age

_____
_____
_____
_____

Household Income:

Please list the total from line 15000 (gross income) 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) e.g. 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:

_____
_____
_____

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 Children's Camp Charity in writing regarding any changes or updates to this information. I agree to notify Amici Children's Camp Charity if I receive support for summer camp fees from any other source(s).
I give Amici Children's Camp Charity permission to share information contained in this application, letters of support and/or conversations with referees with the child's camp or partner organizations as necessary.

ACKNOWLEDGEMENTS CONTINUED

Amici Children's Camp Charity 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 Children's Camp 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 adult providing financial support to the camper applicant and/or living in the same household as the camper applicant.
If a reference check was completed in a previous year, references may not be necessary. Please contact Amici Children's Camp Charity.

If the child is approved for funding, I will be asked to contribute a Camper Contribution 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, 2026 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 Children's Camp Charity (should funding be approved).

In accepting Amici Children's Camp Charity's financial assistance in sending the child to summer camp, I acknowledge and understand that no liability whatsoever shall attach to Amici Children's Camp 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.

I give Amici Children's Camp Charity permission to use photos and video of the child at camp in promotion and marketing initiatives. This permission is optional.

□ YES □ NO

_____

Caregiver/Guardian/Parent signature Date

_____

Caregiver/Guardian/Parent name (please PRINT) Child's name