



**Amici** Children's  
Camp  
Charity

## AMICI CHILDREN'S CAMP CHARITY 2027 RENEWAL 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](http://www.amicicharity.org) | Email: [zoe@amicicharity.org](mailto:zoe@amicicharity.org)  
Tel: (416) 588-8026 ext. 205

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

*Complete this form if the child has **received funding from Amici Children's Camp Charity in the past.***

Thank you for your interest in applying to Amici for funding to help a child or youth attend overnight summer camp.

Amici is proud to partner with 50 incredible camps, all committed to helping more children experience the joy, friendship, and lifelong memories of camp. For every camper we fund, Amici and the selected partner camp share the cost equally — **50% of the camp session fee is covered by Amici, and 50% is covered by the partner camp.**

### **What is overnight camp?**

Overnight camp is a summer camp where children stay at the camp for several days or weeks instead of going home each night. Campers usually sleep in cabins or other camp accommodations and take part in activities, games, and programs during the day.

**Please complete one application for each child you are applying for.**

This application helps us:

- learn about the child, including their interests and needs;
- find a camp where the child can feel welcome, supported, and included;
- determine eligibility for funding; and
- provide the camp with information they need to support the child.

If you have any questions or need any help completing the application, please contact us, we're happy to help!

## 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 December 31, 2027: \_\_\_\_\_  
Grade as of September 2026: \_\_\_\_\_ 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 household arrangement (please describe):  
\_\_\_\_\_

*\*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.*

Has the child or family moved to Canada within the past five years?

- ☐ YES ☐ NO ☐ Prefer not to answer

What racial/ethnic group(s) does the child belong to?

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

- ☐ 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

*\*\*These options are not intended to represent all racial and ethnic identities. We use this information to understand who our program is reaching and to help improve access and inclusion.*

## OTHER CAMP OPPORTUNITIES

Is the camper attending another overnight camp in summer 2027? ☐ Yes ☐ No

Have you applied for or received financial assistance for overnight camp from another organization for summer 2027? ☐ Yes ☐ No

If you answered "Yes" to either question, please tell us about the camp and/or financial assistance:

---

---

*\*\*Important: Amici funding is intended to help campers who do not otherwise have access to an affordable overnight camp opportunity. Having another overnight camp opportunity or receiving financial assistance from another source may affect eligibility for Amici funding.*

☐ **I agree to notify Amici if the camper registers for another overnight camp or if I apply for or receive financial assistance for overnight camp from another source for summer 2027.**

# HOUSEHOLD & FINANCIAL INFORMATION

**\*\*IMPORTANT:** Please provide the most recent Notice of Assessment (NOA) issued by the Canada Revenue Agency for each adult in your household who helps pay for household expenses or provides financial support.

You can submit your NOA after you submit your application.

If you or another adult in your household does not have a Canadian NOA, please contact Amici.

## Household Members:

### Adults:

Please list all adults currently living in the household including their name, relationship to the child and their annual income.

| Name  | Relationship to child | Gross (pre-tax) Annual Income |
|-------|-----------------------|-------------------------------|
| _____ | _____                 | _____                         |
| _____ | _____                 | _____                         |
| _____ | _____                 | _____                         |

### Children & Youth:

Please list all children/youths (including applicant) currently living in the household.

| Name  | Age   | Name  | Age   |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

### Additional income or financial support:

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: \_\_\_\_\_

### Changes in financial circumstances:

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## CAMP PLACEMENT

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: \_\_\_\_\_

- ☐ The camper would like to attend a different camp

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

Reason for changing 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 camper cannot attend camp: \_\_\_\_\_ Reason: \_\_\_\_\_

Did the camper's most recent camp experience meet your expectations?

Yes, no or somewhat? Please provide details

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

**Support and Accessibility Needs:**

Does the camper need any additional support at camp?

*Children may need support with mobility, communication, learning, sensory needs, personal care, emotions, behaviour, social situations, medication, food, sleep, or other needs.*

☐ No

☐ Yes — please tell us how to best support the child:

---

☐ I'm not sure — I'd like to speak with someone

Does the camper have a physical disability?

☐ Yes ☐ No ☐ I'm not sure

**Waterfront Camp Activities:**

*Swimming and water activities are an important part of many Amici partner camp experiences. We ask these questions to help us find a camp environment that is a good fit for the camper and to share relevant information with the camp to help support the camper's safety.*

**Swimming ability does not affect eligibility for Amici funding.**

**Swimming Experience**

Where has the camper had experience swimming or playing in water?

Select all that apply.

☐ Swimming pool

☐ Lake, river or other natural water

☐ Other: \_\_\_\_\_

☐ The camper has little or no experience in water

☐ I'm not sure

**Swimming Ability**

Which statement best describes the camper's swimming ability?

*Please choose the answer that best describes the camper.*

☐ Swims independently — Can swim without a lifejacket or other flotation aid.

☐ Can swim short distances independently — Can swim on their own but cannot yet swim for long distances.

☐ Uses a lifejacket or other flotation aid — Does not swim independently without an aid.

☐ Does not swim independently — May be comfortable in water but cannot swim on their own.

☐ Little or no swimming experience

☐ I'm not sure

### **Additional Information**

Is there anything else we should know about the camper's experience with or around water? For example, you may want to tell us about:

- any fears or concerns about swimming or water activities;
- whether the camper is comfortable swimming with other campers;
- previous experiences with swimming or water-based activities;
- anything that may affect the camper's safety or participation in water activities; or
- anything you would like the camp to know.

### **Getting to Camp**

Partner camps are located in different parts of Ontario. Some camps may be more than three hours from your home.

Some camps provide bus transportation from Toronto/GTA, Ottawa, Kingston, or other locations. Transportation is not included in our regular funding.

If you need help with transportation costs, you may apply for additional support following acceptance and camp placement. Please contact us for more information.

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

- ☐ We can drive the child
- ☐ We can drive, but there are some limitations (distance, day/time availability, route, etc)
- ☐ Camp bus from Toronto/GTA
- ☐ Camp bus from Ottawa
- ☐ Camp bus from Kingston
- ☐ Camp bus from another location \_\_\_\_\_
- ☐ Family/friend/support person can help
- ☐ I'm not sure / I need help figuring this out
- ☐ Other: \_\_\_\_\_

# **CAMPER & FAMILY CODE OF CONDUCT**

## **Camper & Family Code of Conduct**

As a funding organization, Amici Children's Camp Charity ("Amici") is committed to expanding access to meaningful camp experiences while fostering a community rooted in respect, inclusion, and emotional safety for all.

This Code of Conduct outlines the shared expectations for campers and families receiving funding support.

## **Commitment to Camp Policies**

- Each Ontario Camps Association-accredited partner camp operates independently and has its own policies, guidelines and/or Code of Conduct
- Families and campers are responsible for reviewing, understanding, and following the specific expectations of the selected camp
- Decisions related to camper supervision, participation, and safety—including a camper being asked to leave camp early—are made by the camp.

## **Respect, Inclusion, and Emotional Safety**

- Treat all campers, families, camp staff, Amici staff, volunteers and community members with kindness, respect, and care
- Contribute to an environment where everyone feels emotionally safe, valued, and included
- Use respectful and inclusive language in all interactions
- Avoid behavior that could harm, exclude, or negatively impact the experience of others.

## **Positive Engagement**

- Approach the camp experience with openness, cooperation, and a willingness to participate
- Support a positive environment that encourages belonging for all campers
- Raise questions or concerns in a respectful and constructive manner.

## **Responsibility and Communication**

- Provide accurate and complete information in applications and communications with Amici and the selected camp
- Communicate promptly with Amici and the selected camp about any changes that may affect a camper's participation
- Engage respectfully with both Amici and camp staff.

## **Accountability**

Receiving funding is a privilege and carries shared responsibility.

Failure to follow this Code of Conduct, or the Code of Conduct of the selected camp, may impact eligibility for funding in future years.

**I have read and understand the Amici Code of Conduct and will discuss it with my camper**      ☐ **YES**

## **ACKNOWLEDGMENTS**

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 this applicant registers another overnight camp and/or receives support for overnight 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 reference and/or conversations with referees with my child's camp or partner organizations as necessary.

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 Children's Camp 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 adult providing financial support to the camper applicant and/or living in the same household as the camper applicant.

## **ACKNOWLEDGEMENTS CONTINUED**

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, 2027 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 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