



Amici Children's
Camp
Charity

AMICI CHILDREN'S CAMP CHARITY

2025 RENEWAL CAMPER APPLICATION FORM

Please return to:

Amici Children's Camp Charity,
403 - 150 Eglinton Avenue East, Toronto, ON M4P 1E8
Web: www.amicicharity.org | Email: shantal@amicicharity.org
Tel: (416) 588-8026 | Fax: (416) 486-3854

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

*Renewal 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 from above): _____ Pronouns: _____

Home Address: _____ Unit #: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: MM/DD/YYYY: _____ Age as of June 30, 2025: _____

Grade as of September 2024: _____ 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, 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 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

***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:

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: _____

***Please note, 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 be picked up early.*

Dates the camper cannot attend camp: _____ Reason: _____

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

***Please note, any additional transportation costs, including camp bus fees, are the responsibility of the caregiver/guardian/parent.*

Camp Experience:

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

YES, please describe: _____

NO, please describe: _____

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

Have you applied for or received assistance with overnight summer camp fees for summer 2025 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 I apply for or am granted assistance with summer camp fees for summer 2025 from other sources.

Medical & Health Needs:

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

How would a camp best support their needs?

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 your home. Include occupation, place of employment and annual income where applicable.

Name	Occupation	Place of Employment	Annual Income
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Children & Youth:

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

Name	Age	Name	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Household Income:

Please list the total from line 15000 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) ie. 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.

ACKNOWLEDGMENTS CONTINUED

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

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 person or each adult living in the household or providing financial support to the camper applicant and/or living in the same household as the camper applicant.

If the 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 the child for sponsorship, I understand that this fee is due no later than April 30, 2025 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.

Caregiver/Guardian/Parent signature Date

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