



AMICI CAMPING CHARITY

2017 NEW CAMPER APPLICATION FORM

Please attach a recent photo of the applicant.

Please return to:

Amici Camping Charity, 150 Eglinton Avenue East, Suite 403,
Toronto, ON M4P 1E8

Web: www.amicicharity.org | Email: jodie@amicicharity.org

Ph: (416) 588-8026 | Fax: (416) 486-3854

**Complete this form if your child has never received funding from Amici Camping Charity before.
Please complete one form for each child you are applying for.**

Please print all information.

SECTION A – CAMPER INFORMATION

Child's Full Name: _____ Gender: _____

Home Address: (number, street, apt. #) _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: MM/DD/YYYY: _____ Age as of June 30, 2017: _____

Entering Grade _____ in September, 2017 School: _____

<p>Parent/Guardian 1: First & Last Name:</p> <p>_____</p> <p>Relationship to child: <input type="checkbox"/>mother <input type="checkbox"/>father</p> <p><input type="checkbox"/>other: _____</p> <p>Lives with child: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has access to child: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Phone # (Home) _____</p> <p>(Work) _____</p> <p>(Cell) _____</p> <p>E-mail: _____</p>	<p>Parent/Guardian 2: First & Last Name:</p> <p>_____</p> <p>Relationship to child: <input type="checkbox"/>mother <input type="checkbox"/>father</p> <p><input type="checkbox"/>other: _____</p> <p>Lives with child: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Has access to child: <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Phone # (Home) _____</p> <p>(Work) _____</p> <p>(Cell) _____</p> <p>E-mail: _____</p>
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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

Are you new to Canada within the last 5 year? YES NO

Emergency / Alternate Contact: First & Last Name: _____

Relationship to child: _____

Phone # (Home) _____ (Work) _____ (Cell) _____

Email: _____

SECTION B – CAMPER PROFILE

Camp selection:

What Amici Partner Camp would you most like your child to attend? Please refer to the 'Camps' section on the Amici website (www.amicicharity.org) for a complete list of current partner camps.

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

NO PREFERENCE (Please help me select a camp).

Camp Preference #1 _____ Session Preference _____

Camp Preference #2 _____ Session Preference _____

I am only interested in the above camp(s) OR

If the above listed camp(s) are not available, I am interested in a different camp

Dates your child cannot attend camp: _____ Why Not? _____

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

Would you and your child be interested in a faith-based camp? YES NO

If yes, which faith? _____

Previous camp experience:

Has your child attended a summer day camp before? YES NO If yes, where? _____

Has your child attended a summer overnight camp before? YES NO If yes, where? _____

For how long? (i.e. 1 week, 2 weeks, 1 month, etc.) _____ When? _____

Did you receive financial assistance for camp fees? YES NO

If yes, from what organization? _____

Please give a brief description of his/her experience at these camps: _____

Medical & Health Needs:

Does your child have any special needs and/or physical disabilities? YES NO

If YES, please describe: _____

Does your child require any additional support while at camp? YES NO

If YES, please explain: _____

Application History:

How did you hear about Amici Camping Charity? _____

Is your child aware of Amici and our role in sending him/her to camp? YES NO

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

If NO, when did you apply previously _____

Have 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 of Assessment** (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:

please include all adults and children **currently** living in your home. Include Occupation, Place of Employment and Annual Income for adults where applicable.

<u>Name</u>	<u>Age</u>	<u>Occupation</u>	<u>Place of Employment</u>	<u>Annual Income</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Annual Pre-Tax Household Income (from all sources):

Income Employment, Pension, WSIB, etc: \$ _____

Social Assistance Income (OW, ODSP, etc) \$ _____

Child Tax Credit: \$ _____

Canada Child Benefit: \$ _____

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 assistance: _____

Have you applied for or received assistance with summer camp fees from other sources? YES NO

If yes, please indicate where: _____

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 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 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.
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 determinative.
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 to (2) reference forms, one (1) letter of reference 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, 2017. 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
150 Eglinton Avenue East, Suite 403
Toronto, ON M4P 1E8
Tel: 416.588.8026
Fax: 416.486.3854

info@amicicharity.org