



AMICI CAMPING CHARITY

2017 RENEWAL 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 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>
--	--

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:

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 he/she did in 2016. Camp _____ Session _____

My camper would like to attend a different camp

Camp _____ Session _____

Reason for changing camp _____

Dates your child cannot attend camp: _____

Why Not? _____

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 he/she learn? How did he/she change as a result of camp?

3. Please describe any additional expenses you had as a result of sending your child to camp:

Clothing: total spent \$ _____ Details: _____

Equipment: total spent \$ _____ Details: _____

Transportation: total spent \$ _____ Details: _____

Tuck shop: total spent \$ _____ Details: _____

4. 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.

I would be willing to write a letter: Yes No My child would be willing to write a letter: Yes No

I would be willing to speak at an Amici event: Yes No

My child would be willing to speak at an Amici event (accompanied by me): Yes 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>

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 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 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