

Adaptive Overnight Camping

Two trips offered:

July 22

Sat 12pm - Sun 2pm

\$35

Course Code: 15229

August 19

Sat 12pm - Sun 2pm

\$35

Course Code: 15230

**Register online at
MSCR.org or by filling
out the attached form.**

Join us for a camping trip! Individuals with disabilities ages 18 and up, families and guardians.

A gear list will be sent to you prior to each trip for you to pack. Examples are: Personal sleeping gear, clothing, personal items, rain gear, walking shoes, and healthy snacks to share.

Prepare for day and evening activities in all weather conditions.

Meals provided with the fee: dinner, breakfast and s'mores!

Meet at Memorial High School
201 South Gammon Rd.
Use Mineral Point Rd. entrance

Transportation provided to School Forest:
1577 Fritz Road, Verona, WI

Questions?
Contact Chad Thom
cthomas@madison.k12.wi.us
608-204-3020



REQUEST FOR FEE WAIVER

204-3000

FEE WAIVERS - PLEASE READ

Fee waivers are available only to MMSD residents. Non-residents do not qualify for Fee Waivers. Fee waiver requests and payment must accompany Registration Form. Fee waivers are not granted after registration is processed.

Please fill out completely and check each item as appropriate. No refunds or adjustments. Please note: Any payments included with your Registration Form are applied to program fees for available requested courses.

A. NAME

Participant Name: _____

Last

First

Parent/Guardian Name: _____

(for age 17 & under) Last

First

B. CIRCLE YOUR FAMILY SIZE & INCOME - 185% OF FEDERAL POVERTY GUIDELINES (GROSS INCOME*)

FAMILY SIZE	ANNUAL	MONTHLY	TWICE/MONTHLY	EVERY	TWO WEEKS	WEEKLY	REMINDER:
1	\$21,589.56	\$1,799.13	\$899.57	\$830.37	\$415.18		
2	\$29,100.48	\$2,425.04	\$1,212.52	\$1,119.25	\$559.62		
3	\$36,611.52	\$3,050.96	\$1,525.48	\$1,408.14	\$704.07		Circle Your
4	\$44,122.56	\$3,676.88	\$1,838.44	\$1,697.02	\$848.51		Income
5	\$51,633.48	\$4,302.79	\$2,151.40	\$1,985.90	\$992.95		
6	\$59,144.52	\$4,928.71	\$2,464.36	\$2,274.79	\$1,137.39		
7	\$66,655.56	\$5,554.63	\$2,777.32	\$2,563.68	\$1,281.84		
8	\$74,166.48	\$6,180.54	\$3,090.27	\$2,852.56	\$1,426.28		
Each Add	\$7,511.04	\$625.92	\$312.96	\$288.89	\$144.44		

*Gross Income, as the term is used in this table, means: Income before any deductions such as income taxes, Social Security taxes, insurance premiums, charitable contributions and bonds.

C. PARTICIPANT - COMPLETE "ADULT" OR "CHILD" SECTIONS FOR FEE WAIVERS REQUESTED

ADULT

Fee waivers are limited to one course per adult per program *session. Adult participants are required to pay 50% of the course fee. Check one:

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above. Answer #2.
2. _____ I am requesting a fee waiver and can pay \$_____ toward the fee which is enclosed.

If fee waiver request exceeds 50% of program cost, please explain and enclose proof of income:

CHILD (AGE 17 AND UNDER)

Fee waivers are limited to two courses per child per program *session. MSCR youth program fees may be partially or fully waived for youth meeting the criteria for free or reduced lunch. Parents/guardians are requested to pay what they can towards the program fee.

1. _____ My family income is at or below 185% of the Federal Poverty Level as circled above.
Answer #2 and #3.
2. _____ My child qualifies for free lunch _____yes _____no; or reduced lunch _____yes _____no.
3. _____ I am requesting a fee waiver and can pay \$_____ towards the fee, which is enclosed.

THERE ARE THREE SESSIONS PER YEAR - WINTER/SPRING, SUMMER AND FALL.



MADISON SCHOOL & COMMUNITY RECREATION
A department of Madison Metropolitan School District

Adaptive Programs
Additional Questionnaire

**Need 2 weekend and evening phone
numbers for emergency purposes**

Participant's Name:	
Residential Address:	
Home Number:	Cell Number:
Personal e-mail:	

a. Primary contact for last minute cancellations or transportation issues: *Weekend /evening issues	Name & number of guardian/care giver or in-home staff
b. Additional emergency contact if primary is unavailable:	

***Need 2 phone #'s**

How will participant be transported to/from this activity?

- Guardian / Caregiver Madison City Bus
- Madison Metro Walk independently
- Paratransit Cab
- Other

Please provide the
details of transportation:
*Include: contact name, number, scheduled
pick-up or drop-off times:*

Participant's Name:	Is participant supported by an agency or organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
Residential Address:	<i>If yes, please provide the following:</i> Agency Name: _____
Home Number:	City: _____ State: _____ Zip code: _____
Personal e-mail:	Mailing Address: _____
Personal e-mail:	After Hours Emergency Number: _____
Personal e-mail:	Case Manager's Name: _____
Personal e-mail:	Phone Number: _____
Personal e-mail:	Email Address: _____
Does participant use a wheelchair? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does participant use a Hoyer lift for transfers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please list any medications taken during this activity or soon after: <i>If MSCR staff is asked to administer medications (even provide reminders) a medication authorization form must be completed.</i>	
Does participant have a history of seizures? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If so, are there any known triggers or activity restrictions?</i>	