

Summer 2024 Adult Recreation Programs

June 4, 2024 - August 31, 2024

Brought to you
in partnership
with the



Name: _____
Agency/Group Home: _____
Agency Phone Number: _____
Email: _____
Address: _____
City: _____ **Zip:** _____
Home Phone: _____ **Cell:** _____
Transportation: Cab Car City Bus
 First Transit Transit Express **Other:** _____

Drop off and Pick Up:
 Kindly arrive 15 minutes before the program's scheduled start time. Participants will only be permitted to enter the program area 15 minutes prior to the beginning. Please arrange transportation accordingly to ensure a smooth experience.

- G = Wil-O-Way Grant**
207 S Lake Drive, South Milwaukee
- UW = Wil-O-Way Underwood**
10602 Underwood Parkway, Wauwatosa
- AMF = AMF West Lanes**
7505 W Oklahoma Ave, Milwaukee
- UW Friday night dances will be held at Easterseals Adult Day Center 7111 W Center Street Wauwatosa**

PLEASE MARK THE PROGRAMS OF YOUR CHOICE - CLASSES CAN BE SELECETED INDIVIDUALLY OR BY SESSION.

Tuesday Bowling		
T	6/4	Bowling @ AMF
T	6/11	Bowling @ AMF
T	6/18	Bowling @ AMF
T	6/25	Bowling @ AMF
T	7/2	Not offered this day!
T	7/9	Bowling @ AMF
T	7/16	Bowling @ AMF
T	7/23	Bowling @ AMF
T	7/30	Bowling @ AMF
T	8/6	Bowling @ AMF
T	8/13	Bowling @ AMF
T	8/20	Bowling @ AMF
T	8/27	Bowling @ AMF
Entire Bowling Session \$44		

What Up Wednesday				
W	6/5	What Up Wed @ G	\$10	
W	6/12	What Up Wed@ G	\$10	
W	6/19	What Up Wed @ G	\$10	
W	6/26	What Up Wed @ G	\$10	
W	7/3	Not offered this day!		
W	7/10	What Up Wed @ G	\$10	
W	7/17	What Up Wed @ G	\$10	
W	7/24	What Up Wed @ G	\$10	
W	7/31	What Up Wed @ G	\$10	
W	8/7	What Up Wed @ G	\$10	
W	8/14	What Up Wed @ G	\$10	
W	8/21	What Up Wed @ G	\$10	
W	8/28	What Up Wed @ G	\$10	
Entire Spring Sports Session			\$120	

Thursday BINGO			
Th	6/6	BINGO	\$10
Th	6/13	BINGO	\$10
Th	6/20	BINGO	\$10
Th	6/27	BINGO	\$10
Th	7/4	Not offered this day!	
Th	7/11	BINGO	\$10
Th	7/18	BINGO	\$10
Th	7/25	BINGO	\$10
Th	8/1	BINGO	\$10
Th	8/8	BINGO	\$10
Th	8/15	BINGO	\$10
Th	8/22	BINGO	\$10
Th	8/29	BINGO	\$10
Entire BINGO Session			\$120

Friday Night Dances				
F	6/21	Dance @ 7111 W Center St. Wauwatosa	\$10	
F	7/19	Dance @ 7111 W Center St. Wauwatosa	\$10	
	8/2	Dance @ G 207 S Lake Dr SM WI	\$10	
F	8/16	Dance @ 7111 W Center St. Wauwatosa	\$10	
Entire Dance Session				\$40

Saturday Outings			
F	6/22	Kopp's Frozen Yogurt 7631 W Layton Ave Greenfield	\$30
F	7/20	Saz's State House 5539 W State St Milwaukee	\$30
F	8/17	Oscar's 2362 S 108th Street Milwaukee	\$30
Entire Dance Session			\$90

Total Payment Due \$ _____

How will you be paying for your recreation programs?

Payment can be made via cash, check, or credit card. For credit card payment please call 414-449-4444. Authorizations for any other form of payment must be received prior to start of programming.

Payment Contact Information:

Name: _____
Phone: _____
Email: _____

Make checks for registration only payable to:

Easterseals Southeast Wisconsin
 6737 W Washington Street, Suite 4205
 West Allis, WI 53214

Given the pre-purchase of tickets or supplies for our programs and outings, we regret to inform you that we are unable to provide refunds for non-attendance. However, in the event of program cancellation by Easterseals or if your chosen program is at capacity, you will either receive credit for another program or a refund.

ONGOING ACTIVITIES

Bowling

Unleash your bowling skills at AMF's popular bowling nights! Bring your gear or rent shoes and balls, compete solo or with friends for top scores, and enjoy delicious snacks for purchase. Join us for strikes, spares, and endless fun!

- Location: AMF West Lanes
 - 7505 W Oklahoma Ave, Milwaukee WI 53219
- Date: Tuesdays
- Time: 6:00 pm - 8:00 pm
- Price: \$44 session fee upfront - participants need to bring the \$7 lane fee with them each week.

What's Up Wednesday

Join us for social nights! We will chat, enjoy an activity, and a snack. Staff will be there to provide talking points and social etiquette cues.

- Location: Wil-O-Way Grant
 - 207 S Lake Drive South Milwaukee WI 53172
- Date: Wednesdays
- Time: 6:00 pm - 8:00 pm
- Price: \$10/night

BINGO

Who doesn't love the game of BINGO? Come hang out with peers and win a prize! We will also provide a light snack.

- Location: Wil-O-Way Underwood
 - 10602 Underwood Pkway, Wauwatosa
- Date: Thursdays
- Time: 6:00 pm - 8:00 pm
- Price: \$10/night

Friday Night Dances

Gather your friends and groove to the rhythm at our Friday Night Dance Party! Let loose on the dance floor as we spin a mix of the greatest hits from the 80s, 90s, and today. Indulge in tasty concessions and pizza available for purchase. We can't wait to see you on the dance floor!

- Location: Wil-O-Way Grant
 - 207 S. Lake Drive, South Milwaukee
- OR Easterseals Adult Day Center
 - 7111 W Center Street Wauwatosa, WI 53210
- Dates: Fridays 6/21, 7/19, 8/2, and 8/16
- Time: 6:00 pm - 8:00 pm
- Price: \$8/dance or \$7/dance if key card member*



***Send Key Card registration and payment to Milwaukee County OPD. Membership is good for one calendar year. All new and past members must fill out a 2023 key card application. Sign up today so you can take advantage of the reduced dance prices and access to the Milwaukee County OPD Ticket Distribution Program.**



SATURDAY OUTINGS

Summer Foods in Milwaukee

Kopp's Frozen Custard

- Address: 7631 W Layton Ave Greenfield, WI 53220
- Date: 6/22/2024
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

A MILWAUKEE LANDMARK

Over the years, Kopp's Frozen Custard has established a reputation as the go-to burger and custard joint in the Milwaukee area. We're known for serving up delicious, nostalgic foods with an uncompromising standard for quality that our competitors continue to chase. Whether it's our handmade frozen custard or our famous "jumbo" burgers, Kopp's has set itself apart by crafting incredible food with the best ingredients available—all served with a side of Milwaukee history.

Saz's State House

- Address: 5539 W State St Milwaukee, WI 53208
- Date: 7/20/2024
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Established in March of 1976, Saz's State House is where it all began for Saz's Hospitality Group. Over the past four decades, Steve Sazama's original vision for a first-rate restaurant and sports bar has grown into a destination restaurant with a loyal following. Featuring favorites like its signature BBQ Baby Back Ribs and BBQ Pork Sandwich, the State House also boasts a robust event schedule, seasonal specials, outdoor patio, private event space, and complimentary shuttles to and from many Milwaukee sporting events.

Oscar's

- Address: 2362 S 108th Street Milwaukee, WI 53227
- Date: 8/17/2024
- Time: 11:00am-1:00pm
- Price: \$30 includes supervision, meal, and drink

Oscar's Frozen Custard Sandwiches offers a wide variety of food services. It provides various types of burgers, including cheeseburger, bacon cheeseburger, mushroom Swiss, California burger and patty melt. It sells a variety of chicken and fish specialties, such as grilled chicken breast, Cajun chicken, buffalo, crispy, tenderloins, fish sandwich, and shrimp and fish combo. Oscar's Frozen Custard Sandwiches additionally offers a wide range of sandwiches, soups, salads, fountains, malts and shakes, sundaes, frozen custards and beverages. It offers a variety of desserts, including key lime pie, cherry chip, chocolate truffle, strawberry shortcake, butter finger blast, fiesta custard and chocolate almond.



Last Name: _____ **First Name:** _____

Address: _____

Phone # _____ Alternate Phone # _____ Email: _____

Birth Date: ____/____/____ Age: _____ Gender: Male Female

Social Security # _____ - _____ - _____ or Medicaid #: _____

Medical Information

Physician's Name: _____ Phone Number: _____

Insurance Provider: _____ Insurance Number: _____

Please provide a list of all medications including dosage and frequency.

Easterseals Staff will not administer medications. This information will be shared with EMS in a medical emergency.

Photo Release:

I grant permission to Easterseals Southeast Wisconsin to photograph and videotape me/my ward engaged in activities and understand that these photographs or videos may be used for the purpose of illustration, broadcast, or testimonial in connection with the work of Easterseals and that these materials maybe released to the general public. Yes No

Self/Parent/Guardian Signature: _____

Please check all that are appropriate (to better serve the participant):

Degree of disability:

Mild Moderate Severe

Behavior:

- Generally Easy-Going / Happy
- Shy / Withdrawn
- Unsure of New Situations
- Helpful
- Verbally Aggressive / Demanding
- Physically Aggressive
- Wanders / Needs Continuous Direction
- Other: _____

Please check all that apply to participant:

- Attention Deficit Disorder
- Autism
- Cerebral Palsy
- Cognitive Disability
- Down Syndrome
- Emotional Disability
- Hearing Impairment
- Learning Disability
- Physical Disability
- Speech/Language Disability
- Visual Impairment
- Other: _____

Does the participant need 1:1 instruction?

Yes No

Independence doing Activities:

None Partial Total

Assistance needed with eating:

None Partial Total

Assistance needed with handling money:

None Partial Total

Communication:

- Verbal
- Non-Verbal
- Communication Board
- Sign Language
- Gestures
- Other: _____

Hearing:

- Normal
- Normal with Aid
- Partial Loss
- Partial with Aid
- Legally Deaf

Vision:

- Unimpaired
- Night Blindness
- Color Blind
- Partial Sight
- Legally Blind

Mobility:

- Ambulatory
- Braces
- Cane
- Wheelchair
- Scooter
- Walker
- Motorized Wheelchair

Assistance needed with mobility:

None Partial Total

Allergies: Explain Allergy if Applicable

- None
- Animals Environment
- Food Medicine
- Other: _____

Diabetic:

- No
- Yes (provide further detail of limitations)

Diet:

- Standard
- Low Salt
- Chopped Food
- Low Calorie
- Blended/pureed
- No Sugar
- Other: _____

Seizures:

- None
- Petit Mal
- Grand Mal
- Tonic Clonic
- Non-Convulsive
- Nocturnal
- Psychomotor
- Mixed
- Drop Seizures

Frequency: _____

Assistance needed with toileting:

None Partial Total

***We will provide personal care assistance in emergency situations only. If personal care or transfers are needed please have a PCA come with the participant.**



2024 Annual Information Form (continued)

Last Name: _____ First Name: _____

Caregiver Information: Does the participant have a caregiver? Yes No

Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Group Home Agency Contact Information:

Group Home Name: _____ Contact Name: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact Information:

Parent/Guardian: _____

Phone # _____ Alternate Phone # _____ Email _____

Emergency Contact Name: Relationship: _____

Phone # _____ Alternate Phone # _____ Email _____

Vital Information (This information is required to help secure funding for our programs.):

I live:

- Alone With my family In a group home
- With an attendant In a health care center

Family Status:

- Single Single parent Married Couple/children
- Married Couple/no children

Household Type (check all that apply):

- Owns home Rents Lives Alone Lives with partner
- Lives with family Lives with parent or relative
- Lives in a nursing home Multiple family residence
- Lives in a group home Homeless Foster Home

During the day, I:

- Attend school Work Attend day program Stay home

Household Annual Income:

- \$0-\$9,999 \$37,000-\$49,999 \$10,000-\$14,999
- \$50,000-\$74,999 \$15,000-\$24,999 \$75,000 or more

Type of assistance household receives:

- SSDI SSI AFDC Autism Waiver Funding Food Stamps
- Family Support Funding Family Care

Participant has health insurance:

- Yes No Unknown

If yes, type of insurance:

- Medicaid Medicare Private HMO Title 19 HMO
- Other: _____

Employment Status:

- Works full-time Works part-time Does not work Retired

Education, last grade completed:

- Never attended Preschool Grade School 7th Grade
- 8th Grade 9th Grade 10th Grade 11th Grade
- High School Some College 2-year College Graduate
- Post-Graduate or Above

First Language:

- English Spanish Chinese Hmong French
- German Hindi Bantu Laotian Vietnamese
- Cambodian Urdu Other: _____
- Does not speak

Second Language:

- English Spanish Chinese Hmong French German
- Hindi Bantu Laotian Vietnamese Cambodian Urdu
- Other: _____

Armed Services:

- Active Duty? Yes No
- National Guard/Reserve? Yes No
- Veteran? Yes No
- Member of a Military/Veteran Family? Yes No

Race/Ethnicity:

- African American/Black Caucasian/White Native Hawaiian/Pacific Islander
- Asian Hispanic/Latino
- Middle Eastern Native American

In signing this registration form, I agree to abide by the guidelines defined in the policies and procedures within the Easterseals Recreation Guidebook. I also hereby absolve and hold harmless Milwaukee County Office for Persons with Disabilities, Easterseals Southeast Wisconsin and their employees and volunteers from any liability for injuries or damages as a result of participation in programs and community activities. I further provide that this consent and waiver applies to my heirs, executors and assignees. Please call 414-840-9740 or email shellyr@eastersealswise.com if you have questions or concerns.

Self/Parent/Guardian Signature: _____

Print Name: _____ Date: _____

2024 Wil-O-Way Key Card

The Wil-O-Way Key Card is a product of the Milwaukee County Office for Persons with Disabilities and the Wil-O-Way Recreation Program. Membership in the Wil-O-Way Key Card program expands recreational opportunities for persons with disabilities at a reduced or no cost.

Yearly Membership runs from January 1st – December 31st

ALL communication by EMAIL ONLY!!!

MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$25)

*** AFTER August 1, 2023*** ___ (\$12)

NON-MILWAUKEE COUNTY RESIDENTS

___ KEY CARD MEMBERSHIP (\$35)

*** AFTER August 1, 2023*** ___ (\$17)

BENEFITS INCLUDED

- Discounted / free ticket offers to Admirals, Bucks, Brewers games
- Wil-O-Way Recreation Program Discounts
- Discounted ticket offers to Marcus Center of Performing Arts, Fiserv Forum, and other local / special events
- Monthly emails regarding additional recreational opportunities

Please Type or Print

EMAIL ADDRESS NEEDED!!!

NAME _____ EMAIL _____

ORGANIZATION: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY PHONE: _____ EVENING PHONE: _____

DISABILITY: _____

FUNCTIONAL LIMITATIONS (i.e., limited walking, scared of heights, etc.): _____

MOBILITY DEVICES USED: _____ Wheelchair _____ Scooter _____ Walker _____ Cane

_____ Crutches _____ Long Leg Braces _____ Other _____

DOCTOR'S NAME: _____ PHONE: _____

DOCTOR'S ADDRESS: _____

Payment

Checks: Should be made payable to: Milwaukee County Treasurer

Credit Cards: (Please circle appropriate card) MasterCard VISA

Name on Card: _____ Acct. #: _____

Charge Authorized: \$ _____ Exp. Date: _____

Signature: _____ Sec. Code (3 digits): _____

Mail: Office for Persons with Disabilities, Wil-O-Way Key Card, 1220 W. Vliet Street, Room 302L, Milwaukee, WI 53205

Fax 414-278-3939 Email: jacqueline.formanek@milwaukeecountywi.gov or michael.bonk@milwaukeecountywi.gov

Questions: Call 414-278-3930

