

2022 Camp RISE Registration

If you have any specific questions please call the Employ Milwaukee at
(414) 270-1700 or email campRISE@employmilwaukee.org

Please complete ALL Steps to submit a pre-registration application

Form Guidelines:

- Parent/Guardian completing, fill out Youth's information.
- All fields marked * required must be completed.
- Dates and numbers should all be typed in the correct format.
- Extra help can be found immediately after select fields.

Prior to beginning this application, **please ensure your child is eligible for Camp RISE**. Participants must meet the following criteria:

- Youth aged 10-15
- Male
- Reside within city of Milwaukee
- Currently attend a Milwaukee Public School, or will be attending a Milwaukee Public School in Fall 2022

Auxiliary aids and services are available upon request to individuals with disabilities. [Click here for more information.](#)

Important Information

Employ Milwaukee is an Equal Opportunity Employer and Service Provider. Auxiliary aids and services are available upon request to individuals with disabilities. If you need this information interpreted to a language you understand or in a different format, please contact the Equal Opportunity Officer. Callers who are deaf or hearing or speech-impaired may reach us at Wisconsin Relay Number 711.

IMPORTANT! This document contains important information about your rights, responsibilities and/or benefits. It is critical that you understand the information in this document, and we will provide the information in your preferred language at no cost to you. Call (414)-270-1726 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Este documento contiene información importante sobre sus derechos, responsabilidades y/o beneficios. Es importante que usted entienda la información en este documento. Nosotros le podemos ofrecer la información en el idioma de su preferencia sin costo alguno para usted. Llame al (414)-270-XXXX para pedir asistencia en traducir y entender la información en este documento.

TSEEM CEEB! Daim ntawv no muaj ib cov lus tseem ceeb qhia paub txog koj cov cai, cov luag hauj lwm thiab/los yog cov kev pab. Nws yog ib qho tseem ceeb uas koj yuav tau to taub cov lus nyob hauv daim ntawv no, thiab peb yuav muab tau cov lus no txhais ua koj hom lus yam koj tsis tau them nyiaj dab tsi. Hu rau (414)-270-XXXX yog xav tau kev pab kom muab cov lus nyob hauv daim ntawv no txhais rau koj kom koj to taub.

Parent / Guardian Information

First Name *

Middle Initial

Last Name *

Address 1 *

Address 2

City *

State

Zip Code *

Enter 5 digits. *Currently Used: 0 digits.*

Parent/Guardian Contact Phone Number * - -
####

Email

Please use your current email address. Must be an active address and this information is critical to apply. Additional information will be sent to your email provided to complete the application process.

Parent/Guardian Email *

Demographic Information

Youth First Name *

Youth Last Name *

Gender * Male Female

Youth Date of Birth * / / 
MM DD YYYY

Milwaukee Public School youth is attending *

Youth address, if different from above parent/guardian address

Youth city, if different from above parent/guardian address

Youth zip code, if different from above

parent/guardian

Youth cell phone, if applicable

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What is your race? Please select all that apply. *

- American Indian or Alaskan Native
- Asian
- Black or African American
- Hawaiian Native or Other Pacific Islander
- White
- Prefer not to disclose

Are you of Hispanic or Latino ethnicity? *

- Yes
- No
- Prefer not to disclose

Does youth have a disability? *

- Yes
- No
- Prefer Not To Disclose

Emergency Contact Information

Emergency Contact Name *

Emergency Contact Phone Number *

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##

Emergency Contact Phone Number 2

☐ - ☐ - ☐
##

Emergency Contact Relationship *

Emergency Contact Email *

I certify that the information in this application is true to the best of my knowledge. I realize that I will be terminated from the program if I am found ineligible after enrollment. I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information. I agree to allow the release of information on this form for a verification check that is necessary.

If you have any specific questions please call the Earn and Learn program at (414) 270-7550 or the Telecommunications Relay Service (TRS) number 711. Questions may also be emailed to CampRISE@employmilwaukee.org. Auxiliary aids and services are available upon request to individuals with disabilities.

EMPLOY MILWAUKEE CAMP RISE RELEASE FORM

- I certify that the information in this application is true to the best of my knowledge.
- I realize that I will be terminated from the program if I am found ineligible after enrollment.
- I am aware that I may be prosecuted for fraud and/or perjury if I deliberately give false information.
- I agree to allow the release of information on this form for a verification check that is necessary.
- I agree to allow the release of grades, test scores, attendance, and demographic information (for example: Name, Address, etc.)

from the school that my child is attending.

– I have been advised that customer satisfaction is important to the program management staff and the State of Wisconsin. I understand that the above-named participant may be contacted for information about his/her experience with the services that have been provided, and hereby give my consent for a telephone interview for that purpose.

– I also understand that participation in a customer satisfaction survey is voluntary and that refusal to grant this permission will not affect my child's eligibility to receive needed services.

* I authorize the above terms within the "EMPLOY MILWAUKEE CAMP RISE RELEASE FORM" agreement.

EMPLOY MILWAUKEE PROMOTIONAL CONSENT FORM

I understand that authorizing the release of information or photographs for promotional purposes is not required for my participation in Camp RISE. I understand that for records management purposes, this Promotional Consent Form is valid for a seven (7) year period from the date of my signature or until revoked in writing.

– I willingly allow the use of any information regarding my participation and experiences in Employ Milwaukee-administered programs for purposes of promoting Employ Milwaukee and the American Job Center Network. This information may be in written materials and websites.

– I willingly allow the use of any photograph taken by Employ Milwaukee for purposes of promoting Employ Milwaukee and the American Job Center Network. Photographs may be included in written materials and websites.

Thank you for your interest in Camp RISE. Only completed applications will be processed. Submission of a completed application does not designate automatic acceptance into the program. Due to limited funding, all applicants are not guaranteed a position.

* I authorize the above terms within the "EMPLOY MILWAUKEE CAMP RISE RELEASE FORM" agreement.

***Parent/guardian: This form must digitally signed upon completion. You will be redirected to Docusign to complete your digital signature for this form. Thank you.**

Thank you for your interest in Camp RISE. Only completed applications will be processed. Submission of a completed application does not designate automatic acceptance into the program. Due to limited funding, all applicants are not guaranteed a position.

Parent or Guardian Name *

First

Last