



Winter 2025

Adult Recreation Programs

Decemeber 2025- February 2026

Waukesha Location

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: **Waukesha Adult Day Center**
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.

**201 Wisconsin Ave
Waukesha, WI 53186**

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.

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

Tuesday Night BOWLING @ Foxx View Lanes 2440 W. Sunset Drive, Waukesha, WI

	Tuesday 6-7:30pm	2-Dec	Foxx View Lanes	\$16
	Tuesday 6-7:30pm	6-Jan	Foxx View Lanes	\$16
	Tuesday 6-7:30pm	3-Mar	Foxx View lanes	\$16
	Entire Outing Session			\$48

Thursday Night BINGO @ Easterseals Adult Day Program- 201 Wisconsin Ave, Waukesha

No Bingo: Dec 11th , Dec 18th , Dec 25th and Jan 1st

	Thursday 6-8pm	4-Dec	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	8-Jan	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	15-Jan	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	22-Jan	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	29-Jan	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	5-Feb	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	12-Feb	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	19-Feb	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Thursday 6-8pm	26-Feb	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Entire Outing Session			\$90

Friday Night Dances @ Easterseals Adult Day Program- 201 Wisconsin Ave, Waukesha

	Friday 6-8pm	12-Dec	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Friday 6-8pm	16-Jan	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Friday 6-8pm	20-Feb	Waukesha ADC 201 Wisconsin Ave Waukesha WI 53186	\$10
	Entire Outing Session			\$30

Waukesha Adult Rec Special Events (Thursdays & Saturdays)

	Thursday 6-8pm	11-Dec	Candy Cane Lane & Cocoa	\$10
	Thursday 5-8pm	18-Dec	Marty's Pizza and Ingleside Country Christmas	\$30
	Saturday 11am-2:30pm	24-Jan	Winter Zoo Trip	\$10
	Saturday 5-7pm	7-Feb	Pizza & Movie	\$10
	Entire Outing Session			\$60

Payment Contact Information:

Name: _____ Total Payment Due \$ _____
Phone: _____
Email: _____

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.

Make checks for registration only payable to:
Easterseals Southeast Wisconsin
6737 W Washington Street, Suite 4205
West Allis, WI 53214

Photo Release

Photo, Video & Audio Recording Policy Update

Easterseals Southeast Wisconsin is committed to protecting the privacy and dignity of every participant. Our updated Photo, Video, and Audio Recording Policy ensures that photographs, video, and audio recordings are taken and shared only with informed written consent from participants or their legal guardians.

Key Points

- Consent is Required: No photos, videos, or recordings may be taken without a signed release form.
- Mandatory Each Session: A new consent form must be completed for every session (Winter, Spring, Summer, Fall). Previous releases do not carry over.
- Right to Review: Participants and guardians have the right to view or hear any recording before it is released and may withdraw consent at any time.
- Permitted Uses: Program documentation, staff training, promotional materials, and family communication.
- Prohibited Uses: Recording without consent, hidden recordings, personal use of images, or continued use after consent withdrawal.
- Privacy Protections: All media is securely stored in compliance with HIPAA and privacy regulations and accessed only by authorized personnel.

This policy follows Wisconsin Administrative Code DHS 94.18 and ensures that every individual's rights and preferences are respected.

Action Required

Please complete and sign the Photo & Media Release Form included below before participating in any Winter Recreation activities.

Photo, Video, and Audio Recording Release Form

I grant informed consent to Easterseals Southeast Wisconsin to photograph, video record, and/or audio record myself and/or my child/ward participating in activities during the program session listed below. These materials may be used for displays, newsletters, brochures, website, or other public presentations including, but not limited to, social media.

I understand that I have the right to view the photograph, film, or recording before any release, and may withdraw my consent at any time by notifying Easterseals Southeast Wisconsin in writing.

·Please check one:

- ☐ Yes, I consent to photography, video, and audio recording and their approved uses.
- ☐ No, I do not consent to photography, video, or audio recording.

Participant Name: _____

Parent/Guardian Name (if applicable): _____

Signature: _____

Date: _____

Program/Event Name: Bowling ☐ Bingo ☐ Dances ☐ Saturday Outings ☐

Tuesday Night BOWLING

(1st Tuesday of each month)

Join your favorite staff and friends for Bowling at Foxx View Lanes in Waukesha.

- **Location:** 2440 W. Sunset Drive. Waukesha
 - **Dates:** 1st Tuesday of each month. (Dec 2nd, Jan 6th and Feb 3rd.)
 - **Time:** 6:00 pm - 7:30 pm
 - **Price:** \$16/night
- (\$11.00 Lanes and Shoes + \$5.00 Easterseals Fee)

Thursday 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:** Waukesha ADC - 201 Wisconsin Ave, Waukesha
- **Dates:** EVERY Thursday (No Bingo- Dec 11th, 18th, 25th and Jan 1st)

See Outings: Special Events

- **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:** Waukesha ADC - 201 Wisconsin Ave
- **Dates:** Fridays - Dec 12th, Jan 16th and Feb 20th
- **Time:** 6:00 pm - 8:00 pm
- **Price:** \$10/night

Waukesha Winter Special Events

Come join us for some socialization and fun! Transportation should drop off and pick up at the Waukesha Adult Day Center. Please note the variation in event days (Thursdays & Saturdays), times and registration fees.

Location: Waukesha ADC - 201 Wisconsin Ave

- **Dates:** Thursday: Dec 11th, Dec 18th
Saturdays: Jan 24th and Feb 7th
- **Times Vary-** See event details
- **Prices Vary:** \$10-\$30 each outing *Please see event details for specific pricing.

Thursday Event Specials

Let's make this session Merry & Bright! Grab your friends and lets go see the lights!

- **Location:** Meet at Waukesha ADC - 201 Wisconsin Ave, Waukesha at **6:00pm**
- **Dates: Candy Cane Lane & Cocoa**
Thursday December 11th
- **Time:** 6:00 pm - 8:00 pm
- **Price:** \$10.00

- **Location:** Meet at Waukesha ADC - 201 Wisconsin Ave, Waukesha at **5:00pm**
- **Dates: Marty's Pizza & Ingleside Country Christmas**
Thursday December 18th
- **Time:** 5:00 pm - 8:00 pm
- **Price:** \$30.00

Saturday Event Specials

Its the season of JOY and CHEER, Lets Celebrate together for a magical winter session with friends!

Location: Meet at Waukesha ADC - 201 Wisconsin Ave, Waukesha at **11:00am**

- **Dates: Winter Zoo Trip**
Saturday January 24th, 2026
- **Time:** 11:00am-2:30pm
- **Price:** \$10.00
- **LUNCH: Bring a bag lunch or funds to purchase a lunch at the Zoo!**

- **Location:** Waukesha ADC - 201 Wisconsin Ave, Waukesha
- **Dates: Pizza & Movie** (At the Day Program)
Saturday February 7th
- **Time:** 5:00 pm - 7:00 pm
- **Price:** \$10.00
- **Wear your favorite winter Pajamas & Slippers and bring a blanket to get cozy!**

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.

Please complete and sign the Photo & Media Release Form included before participating in any Recreation activities.

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.*



2025 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, 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: _____