

CELEBRATE ABILITY

# NWSRA

SUMMER DAY CAMP 2016



# DAY CAMP GENERAL INFORMATION

Park Central, 3000 W. Central Road, Suite 205 • Rolling Meadows, IL 60008  
847/392-2848 VOICE • 392-2855 TTY • 392-2870 FAX • [www.nwsra.org](http://www.nwsra.org)

Office Hours: Monday through Friday, 7:30 a.m. - 5:00 p.m. during camp except holidays. After 5:00 p.m., a recorder is available for callers to leave a message.

## ABOUT US

Northwest Special Recreation Association (NWSRA) was formed in 1974 to provide a full spectrum of recreation services to individuals with disabilities. NWSRA is a partnership of 17 park districts in the northwest suburbs of Chicago committed to supporting community access to recreation for people with disabilities.

## WHICH CAMP SHOULD I SELECT?

Please read the description of each camp carefully to select the appropriate camp for your child based on age, special education classification and location.

## CAMP FACILITIES

Throughout the year, NWSRA works to reserve facilities for day camps. Please note that at times there are unforeseen circumstances causing location changes for camps. In the event of a location change, parents will be notified.

## CAMP GROUPINGS

In camps that are offered to ages 7-21, the age groups are further broken down within the camp once all the registrations have been received. Typical age breaks include 7-10, 11-14 and 15-21 years.

## PARENT REQUESTS FOR COUNSELORS

Careful consideration is utilized when determining day camp staff assignments and developing the staff/camper groupings. Requests from parents for their children to have specific counselors cannot be granted. NWSRA strives for staff consistency, however, staff changes and reassignments may take place after camp has begun due to specific needs at other camp sites.

## CAMP CALENDARS

The first day of camp each camper will receive a camp calendar, indicating field trip days, theme weeks and special events.

## SUNSCREEN/BUG SPRAY

Parents/guardians are asked to provide a spray on sunscreen product and bug spray for their child. Please label the bottles with the camper's name and bring to camp on the first day. Any unused portion will be returned at the end of camp. (Please indicate permission to apply sunscreen on the registration form).

## STAFF TO PARTICIPANT RATIOS and PARENT REQUESTS FOR 1:1

NWSRA's day camps are designed for a 1:1 - 1:4 staff to participant ratio. Careful consideration is taken into account when determining camper groupings and staff to participant ratios. Campers of parents who have requested 1:1 supervision will go through an observation and skills assessment the first few days of camp to determine the appropriate staff to participant ratio. Parents that request 1:1 supervision on the registration form will be notified if the request for a 1:1 is deemed unnecessary. Once registration is processed, parents may read more about this process in the Parent Handbook.

## T-SHIRTS, CAMP BAGS and PICTURE DAY

Campers receive a t-shirt and a camp bag on the first day of camp. Campers will also receive a souvenir photo following Camp Picture Day.

## BROCHURE ACCURACY

Every effort has been made to assure the accuracy of information contained within this brochure. However, errors can occur and circumstances may require adjustments to fees, schedules,

locations, or other aspects. NWSRA reserves the right to make such adjustments and apologizes for any inconvenience these errors or adjustments may cause.

## LUNCH/PEANUT FREE AREAS

Please send a labeled sack lunch and drink each day unless otherwise noted on the camp calendar. For those campers with peanut allergies, a peanut free area, away from the other campers, will be provided at each camp. More information will be available in the Parent Handbook.

## DISPENSING OF MEDICATION

Please indicate on the registration form if a camper will be taking prescription medication at camp. The NWSRA office will mail parents a medication packet which includes a permission form, medication envelopes, instructions and policies for providing and administering medications. All medications distributed at camps other than Camp Connections must be in NWSRA envelopes.

## SWIMMING

Swimming dates will be noted on the camp calendar and vary with each camp location. More details are included in the Parent Handbook.

## SEIZURE PRONE SWIMMERS

If your child has seizures, they must be controlled by medication or not have occurred within the past year in order for him/her to participate at the ratio provided. If your child needs a closer ratio due to recent seizure activity, contact the camp coordinator at the NWSRA office.

## DAY CAMP AFTER CARE

Please see page 4 for details about after camp care. Day Camp After Care is offered to all children registered in the NWSRA day camp program and runs until 6:00 p.m.

## SAFETY VEST SYSTEMS

Campers that require a safety vest system during summer day camp **are required to provide their own safety vests**. NWSRA and the commercial bus company do not provide the vests, but does provide the hook up system. **Parents may contact their local school district prior to the end of the school year to request possible use of a safety vest over the summer or purchase their own vest.**

## PARENT/CAMPER MEET 'n GREET

An opportunity for parents and campers to meet their counselors and share information will be provided prior to the start of camp. Parents should plan to attend these informative meetings to receive details about the camp and to share their child's needs, abilities and restrictions with the staff members. More information will be mailed in early June.

## PARENT HANDBOOK

Parents/guardians are sent a Parent Handbook along with their confirmation of registration in early June. Parents are encouraged to read the Parent Handbook carefully to learn more about day camp procedures.

## LATE FEES

A fee of \$1.00 per minute will be charged when parents/guardians/group home staff are late picking up their child.

## BROCHURE DISTRIBUTION

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Please be advised that the NWSRA day camp flyers will no longer be delivered to the school districts. Day camp flyers will be available on-line. The date registration begins is listed on the back page of the flyer. Day camp flyers will be available as a hard copy at your local park district community center and at the NWSRA office. The flyers will be sent in the mail to those families who had campers enrolled the previous year. Please call our office if you are interested in being added to our mailing list so that you receive a flyer next year.

## 2016 NWSRA DAY CAMP GOALS

NWSRA's Summer Day Camp program is designed to provide a community-based recreation experience for all children with special needs through a comprehensive out-of-doors program. NWSRA Day Camps provide a structured environment in which to enjoy productive leisure activities. Camp activities may include sports, games, crafts and swimming. Field trips and special events add extra excitement to the program. To the campers, the best things about day camp are swimming, friends, and the counselors. While these are all very significant parts of the program, many equally important goals are met through day camp participation.

### • RECREATION & LEISURE

- Developing gross and fine motor skills
- Experiencing cultural arts (dance, drama, arts and music)
- Participating in passive and active sporting activities
- Learning outdoor awareness

### • SKILLS & SELF ADVOCACY

- Expanding communication skills
- Promoting human rights and self advocacy
- Enhancing socialization skills
- Developing technology skills

### • COMMUNITY INTEGRATION

- Participating in local service projects
- Experiencing group outings and activities
- Exploring community resources

### • HEALTH & WELLNESS

- Setting and maintaining fitness goals
- Encouraging healthy eating habits
- Developing a positive body image
- Promoting a balanced lifestyle

### **Manager of Special Recreation Day Camp Manager**

Jodi Schultz  
847/392-2848 Ext. 254

### **NWSRA Full-Time Day Camp Coordinators**

**Jessica Earhart** District 15 & 54 Camps  
Ext. 261 Adventure Activity Camp Central

**Jessica Johnsen** Little Sprouts  
Ext. 233 Adventure Activity Camp South

**Jacki Moore, CTRS** Weekly Recreators  
Ext. 239 Day Camp After Care  
Sunrise Camp

**Katrina Place** Camp All Stars  
Ext. 259 Camp Connections

**Victoria Trebels, CTRS** Summer Explorers  
Ext. 257 Adventure Activity Camp North

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CTRS Certified Therapeutic Recreation Specialist  
CPRP Certified Park and Recreation Professional



### **SPANISH SPEAKING TRANSLATOR**

A Spanish speaking translator is available upon request to assist with day camp registration. Please call Manny Aguilar at 847/392-2848, ext. 258 to request a time for an office visit or to receive a phone call.

*Un traductor de idioma en Español esta disponible bajo peticion, para asistir con el registro de día de campo. Por favor llamar a la oficina del numero: 847-392-2848. Favor de dejar un mensaje con Manny para solicitar una cita o para recibir una llamada telefónica.*



# REGISTRATION INFORMATION

## REGISTRATION PROCEDURES

1. Select the camp(s) for your child based upon ability group, age and interests.
2. Indicate your camp choice on the registration form.
3. Return your registration form, along with payment as soon as possible. A \$50.00 non-refundable deposit is required per camp, per child.

**Don't delay, these camps are popular!**  
Mail, fax (847/392-2870), register on-line,  
or drop off at the NWSRA office.

## REGISTRATION INFORMATION

Get your registration form in early! Processing begins Monday, March 14. Complete the registration with fee or check payable to NWSRA on or before Monday, April 18.

Registrations are accepted on a first come, first served basis. Those registrations received after the camp has reached its maximum number OR the registration deadline (which ever may occur first) will be put on a waiting list. Parents/Guardians will be notified if camper is on a waiting list.

## FINANCIAL ASSISTANCE/SCHOLARSHIPS ~ Due May 2

Limited dollars are available for those in need of financial assistance. Call the office to obtain a Day Camp Financial Assistance application form. Those requesting a scholarship are still required to pay the \$50.00 non-refundable deposit per camp, per child. Scholarships are not available for Day Camp After Care or Weekly Recreators.

All day camp scholarship requests are due on Monday, May 2. Those individuals awarded scholarships will be notified the following week.

## NWSRA PAYMENT PROCEDURES

NWSRA registrants have two options for making payments toward NWSRA programs. Registrants may either pay in full at the time of registration or have payments automatically withdrawn over the course of three payment dates via a credit card.

### Automatic Withdrawal

If a registrant chooses the option to have payments automatically withdrawn for a registration, they must request the automatic withdrawal by checking the box on the registration form. The registrant must provide a valid credit card and it is understood that amounts will be withdrawn according to the dates designated below. A non-refundable \$50.00 deposit per child, per camp is still required in order for the registrations to be processed. The \$50.00 deposit will be applied towards the total camp fee.

1/3 of amount withdrawn	Second 1/3 of amount withdrawn	Final 1/3 of amount withdrawn
Registration Deadline	July 1	August 1

## REGISTER ONLINE

NWSRA is committed to providing you with an easy registration process through mail, fax or online. Now you will be able to browse the programs offered by NWSRA and register for them with secure payment options. Online payments must be made in full.

Create an online account now! Here are the three easy steps to get you started:

1. Call the NWSRA office at 847/392-2848 or download the online EZ Registration Form at [www.nwsra.org](http://www.nwsra.org).
2. Complete the form and return to the NWSRA office through mail, fax or in person.
3. Wait for your online confirmation to be mailed to you from NWSRA. In the online confirmation, you will receive ONE family account number that is shared by all family members and individual participation codes for each member of the family. You will use these numbers in the online EZ Registration site.

Upon registration, you will receive a letter outlining additional information needed. Visit the website at [www.nwsra.org](http://www.nwsra.org) for more details.

## CONFIRMATION OF REGISTRATION

NWSRA will confirm registration status for camps by mailing a packet of detailed information to each participant in early June. Parents may call the office to confirm after Tuesday, April 19.

## POTENTIAL DATE CHANGES

Due to the number of snow days that were utilized over the winter months, some school districts may be extending their school year end dates. Day camp dates will be adjusted to accommodate those date changes. Parents will be notified if any changes are necessary.

## NON-RESIDENTS

Non-residents may register after the registration deadline, as space allows, and will be subject to a 50% increase above the fee listed. Transportation is not available outside of the NWSRA service area. If space allows, non-residents will be accepted into day camps on Tuesday, April 19.

## REFUNDS/CREDITS

Credits given must be used in the current calendar year and refunds must be requested by December 1 of the current calendar year.

### A full refund or credit may be issued in the following case:

1. A program is cancelled by NWSRA.
2. Inclement weather or leader absence occurs, causing program cancellation. However, NWSRA will try to reschedule the activity prior to issuing a credit or refund.
3. A participant was placed on the waiting list, the program is full and the participant is unable to enter the program.

**A full refund or credit may be issued with a \$5.00 service fee if the following requirements are met: NWSRA has not incurred costs due to purchase of tickets, rentals, deposits, etc., a 48-hour notice must be given to NWSRA and vacancy caused by cancellation filled. A pro-rated refund or credit may be issued with a \$5.00 service fee if NWSRA has incurred costs due to purchase of tickets, rentals, deposits, etc. Following are the scenarios in which a credit or refund may be given:**

1. In the event of prolonged illness or moving. A doctor's note is required for illness.
2. A participant cancels out of a program or transportation prior to the start of the program.
3. The program is deemed inappropriate for the participant by NWSRA.

## SIBLING DISCOUNT

Families with more than one child receiving special education services, may deduct \$20.00 for each additional camper.

# TRANSPORTATION

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Bus transportation is provided to camp from pick up points located within NWSRA's 17 member park district area. Those campers registered for transportation will be picked up and dropped off at one of the locations listed below. Please be sure to indicate on the registration form which location your child will be using. You will be contacted a few days prior to the start of camp to confirm times.

**A minimum of 2 campers is needed at a location for bus to pick up.**

**NWSRA cannot guarantee that busses utilized for transportation will have air conditioning.**

NWSRA contracts with commercial bus companies and only a few air conditioned busses are available. NWSRA will make every attempt to provide an air conditioned bus if needed for medical reasons and it is indicated on the registration form.

- |  |   |  |  |  |
|--|---|--|--|--|
| <b>A.</b> Alcott Center<br>530 Bernard Drive<br>Buffalo Grove                | <b>D.</b> NWSRA Office<br>3000 W. Central Rd.<br>Rolling Meadows                  | <b>G.</b> Triphahn Center<br>1685 W. Higgins Rd.<br>Hoffman Estates        | <b>J.</b> Hanover Park CC<br>1919 Walnut Ave.<br>Hanover Park          | <b>M.</b> Birchwood Park<br>435 W. Illinois Ave.<br>Palatine                             |
| <b>B.</b> Wheeling CRC<br>333 W. Dundee Rd.<br>Wheeling                      | <b>E.</b> Olympic Indoor<br>Swim Center<br>660 N. Ridge Ave.<br>Arlington Heights | <b>H.</b> Jack Claes Pavilion<br>1000 Wellington Ave.<br>Elk Grove Village | <b>K.</b> Meineke Center<br>220 E. Weathersfield Way<br>Schaumburg     | <b>N.</b> Schaumburg CRC<br>505 N. Springinsguth Rd.<br>Schaumburg                       |
| <b>C.</b> Gary Morava Center<br>110 W. Camp McDonald Rd.<br>Prospect Heights | <b>F.</b> Rec Plex<br>420 W. Dempster St.<br>Mt. Prospect                         | <b>I.</b> Streamwood CC<br>777 S. Bartlett Rd.<br>Streamwood               | <b>L.</b> Bartlett Community Center<br>700 S. Bartlett Rd.<br>Bartlett | <b>O.</b> South Barrington<br>Community Center<br>3 Tennis Club Lane<br>South Barrington |

**BUSSING DEADLINE:** Bussing on the first day is guaranteed only to those registered by April 18.

## SAFETY VEST SYSTEMS

Campers that require a safety vest system during summer day camp are required to provide their own safety vests. NWSRA and the commercial bus company do not provide the vests, but does provide the hook up system.

**Parents should contact their local school district prior to the end of the school year to request possible use of a safety vest over the summer or purchase their own vest.**

## DAY CAMP AFTER CARE

Day Camp After Care is offered to selected camps listed in this brochure. Transportation is provided from the day camp site to the Day Camp After Care site. If you are not registering for bussing to and from camp, you will need to register for one way bussing from camp to Day Camp After Care on the registration form. Maximum 15. Parents are responsible for pick up by 6:00 pm.

Activities at Day Camp After Care are structured and supervised, but may be less goal oriented as many of the campers need to unwind after an action-packed day of camp.

For questions about Day Camp After Care, please call Jacki Moore at 847/392-2848, ext. 239.

## DAILY SNACK

Parents should pack an extra snack in their child's lunch bag to be eaten at After Care.



**Site Location: Plum Grove Park ~ 4001 Park Drive, Palatine**

**Camp Coordinator: Jacki Moore**

Camp#	Dates	Time	Age	Max	Transportation	Fee
(8 weeks)						
4170	June 13 - August 5 Not July 4	2:45 - 6:00 p.m.	3 years and older	15	Already receives bussing to camp. With one-way transportation to After Care	\$750.75 \$1,062.75
(4 weeks)						
4180	July 11 - August 5	2:45 - 6:00 p.m.	3 years and older	15	Already receives bussing to camp. With one-way transportation to After Care	\$385.00 \$545.00

# FULL SUMMER CAMPS

**SAVE THE DATE!** Parent/ Camper MEET 'n GREET: Thursday, June 9, 7:00 - 8:00 p.m.  
Location will be announced in the parent confirmation letter.

## CAMP ALL STARS

Recommended for youth and teens, 7 - 21 years old with Attention Deficit Disorder, Behavior Disorder or Learning Disabilities.

**Site Location:** Grace Lutheran Church ~ 1624 E. Euclid Avenue, Mt. Prospect

**Camp Coordinator:** Katrina Place

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4015	June 13 - August 5 Not July 4	9:00 a.m. - 2:30 p.m.	1:4	20	Locations: B, D, F, L, M, O	\$1,187.75 without transportation \$1,772.75 with transportation

## LITTLE SPROUTS

Recommended for early childhood campers, ages 3 - 7 years with special needs. Please note: After Care not provided.

**Site Location:** Bartlett Community Center ~ 700 S. Bartlett Road

**Camp Coordinator:** Jessica Johnsen

Camp#	Dates	Time	Ratio	Max	Transportation	Camp Fees
<b>Monday ~ Friday</b>						
4020	June 13 - July 8 Not July 4	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15 per camp	Parents are responsible for transportation to and from camp.	\$582.75
4021	July 11 - August 5					\$613.00
<b>Mon/Wed/Fri</b>						
4024	June 13 - July 8 Not July 4	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15 per camp	Parents are responsible for transportation to and from camp.	\$340.75
4025	July 11 - August 5					\$371.00

## SUMMER EXPLORERS

Recommended for children and teens, ages 7 - 21 years with Autism, Educable Mental Handicaps, Multiple Needs, Trainable Mental Handicaps or Physical Impairments.

### Summer Explorers I ~ For campers ages 7 - 13 years

**Site Location:** Kimball Hill School ~ 2905 Meadow Drive, Rolling Meadows

**Camp Coordinator:** Victoria Trebels

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4010	June 13 - August 5 Not July 4	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15	Locations: C, F, H, K, L	\$1,187.75 without transportation \$1,772.75 with transportation

### Summer Explorers II ~ For campers ages 14 - 21 years

**Site Location:** Carl Sandburg Jr. High ~ 2600 Martin Lane, Rolling Meadows

**Camp Coordinator:** Victoria Trebels

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4011	June 13 - August 5 Not July 4	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15	Locations: C, F, H, K, L	\$1,187.75 without transportation \$1,772.75 with transportation

**NOTE: Please see page 4 for Day Camp After Care**

# FOUR WEEK CAMPS

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**SAVE THE DATE!** Parent/ Camper MEET 'n GREET: Thursday, July 7, 7:00 - 8:00 p.m.  
Location will be announced in the parent confirmation letter.

## CAMP CONNECTIONS

Recommended for campers 7 - 21 years old who are non-ambulatory with Physical Impairments and Multiple Needs. NWSRA will be partnering with a nursing agency to provide a nurse to attend to the medical care for those attending Camp Connections. Nursing care is not available at other NWSRA camp sites.

**Site Location:** Kirk School ~ 520 South Plum Grove Road, Palatine

**Camp Coordinator:** Katrina Place

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4110	July 11 - August 5	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	20	Locations: A - O Not M	\$778.00 without transportation \$1,078.00 with transportation \$1,278.00 door-to-door trans.

## SUNRISE CAMP

Recommended for individuals diagnosed with developmental delays: Educable Mental Handicaps, Learning Disabilities, Behavior Disorders, or Attention Deficit Disorder, 7 - 21 years old. **\*If campers require a closer staff to participant ratio than 1:4, please register for the appropriate Adventure Activity Camp listed below.** Sunrise Camp is held at an outdoor setting. Activities include swimming in a lake, boating, fishing, archery, arts and crafts, and outdoor cooking.

**Site Location:** Sunrise Lake Outdoor Education Center ~ 7N 749 IL 59, Bartlett

**Camp Coordinator:** Jacki Moore

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4071	July 11 - August 5	9:00 a.m. - 2:30 p.m.	1:4	30	Locations: A, D, G	\$613.00 without transportation \$913.00 with transportation

## ADVENTURE ACTIVITY CAMPS

Recommended for campers ages 7 - 21 years with Trainable Mental Handicaps, Autism or Multiple Needs who are ambulatory.

### North

**Site Location:** Timber Ridge School ~ 201 South Evanston Avenue, Arlington Heights

**Camp Coordinator:** Victoria Trebels

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4120	July 11 - August 5	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15	Locations: A, B, C, E	\$613.00 without transportation \$913.00 with transportation

### South

**Site Location:** Einstein Elementary School ~ 1100 Laurie Lane, Hanover Park

**Camp Coordinator:** Jessica Johnsen

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4121	July 11 - August 5	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15	Locations: G, I, J, L, N	\$613.00 without transportation \$913.00 with transportation

### Central

Please note program dates. This camp is recommended for students attending District 15 Extended School Year (ESY) program, which ends on Thursday, July 14. If interested in Day Camp After Care, please see page 7 and register for #4176 - #4178.

**Site Location:** Meadows Christian Fellowship ~ 2401 Kirchoff Road, Rolling Meadows

**Camp Coordinator:** Jessica Earhart

Camp#	Dates	Time	Ratio	Max	Trans. SEE PAGE 4	Fees
4122	July 18 - August 5 (3 weeks)	9:00 a.m. - 2:30 p.m.	1:1 - 1:3	15	Locations: F, H, K, M, O	\$461.75 without transportation \$668.75 with transportation

**NOTE: Please see page 4 for Day Camp After Care**

# WEEKLY RECREATORS CAMP

Monday, June 13 - Friday, August 5

**Camp Description:** Weekly Recreators Camp is designed for those individuals who are seeking options for a weekly camp and are recommended for those who may be enrolled in a school district Extended School Year (ESY) program or may be missing several days or weeks of camp due to medical reasons, vacations or other personal reasons.

**General Day Camp Information:** Please see pages 1 & 2 of the day camp brochure for general day camp information and day camp goals. Each camper receives one camp t-shirt and one bag per season. Professional camp photos are not included at Weekly Recreators.

**Camp Time:** Camp meets daily from 9:00 a.m. - 2:30 p.m. Parents dropping off their children after 9:00 a.m. need to make arrangements with the day camp coordinator. Day Camp After Care is available.

**Camp Groupings:** The camp is open to ages 7 - 21 years and will accommodate all ability levels. Once registrations are received, the group will be divided by age groups and ability levels. Due to the change in registrations from week to week, campers enrolled in more than one week of Weekly Recreators will have a new group of campers each week and may have a new counselor.

**Field Trips & Swimming:** Some activities involve the entire camp which include field trip days and swimming. Field trips are held once a week. The field trip bus is scheduled to depart the site at 9:15 on field trip days.

**Late arrival is not allowed on field trip days.**

**Deposit:** A one-time \$50.00 deposit for camp and a \$50.00 for Day Camp After Care is required at time of registration.

**Parent/Camper Meet 'n Greet:** Parent & Camper Orientation is scheduled for Thursday, June 9, at 7:00 - 8:00 p.m. Location TBA. This is an opportunity for parents and campers to meet the camp coordinator and some of the counselors to share information.

## WEEKLY RECREATORS

**Location:** Plum Grove Park  
4001 Park Drive  
Palatine

**Time:** 9:00 am - 2:30 pm

**Camp Coordinator:** Jacki Moore

Camp #	Dates	Fee
4401	June 13 - 17	\$151.25
4402	June 20 - 24	\$151.25
4403	June 27 - July 1	\$151.25
4404	July 5 - 8 Not July 4	\$121.00
4405	July 11 - 15	\$151.25
4406	July 18 - 22	\$151.25
4407	July 25 - 29	\$151.25
4408	August 1 - 5	\$151.25

**Weekly Recreators Camp Maximum:** 15 Campers/Week

**Registration Deadline:** Monday, April 18



## DAY CAMP AFTER CARE

For those registering for Weekly Recreators Camp, a weekly option for Day Camp After Care is available. Parents are responsible for pick up by 6:00 p.m.

Activities at Day Camp After Care are structured and supervised, but may be less goal oriented as many of the campers need to unwind after an action-packed day of camp. Swimming is not a scheduled activity.

For questions about Day Camp After Care, please call Jacki Moore at 847/392-2848, ext. 239.

## DAILY SNACK

Parents should pack an extra snack in their child's lunch bag to be eaten at After Care.

## WEEKLY RECREATORS DAY CAMP AFTER CARE

**Location:** Plum Grove Park  
4001 Park Drive  
Palatine

**Time:** 2:30 p.m. - 6:00 p.m.

Camp #	Dates	Fee
4171	June 13 - 17	\$96.25
4172	June 20 - 24	\$96.25
4173	June 27 - July 1	\$96.25
4174	July 5 - 8 Not July 4	\$77.00
4175	July 11 - 15	\$96.25
4176	July 18 - 22	\$96.25
4177	July 25 - 29	\$96.25
4178	August 1 - 5	\$96.25
<b>NOTE</b>	Minimum of four needed each week.	



# 2016 SUMMER DAY CAMP REGISTRATION FORM

## REGISTRATION DEADLINE: MONDAY, APRIL 18

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If registering more than one participant, please complete an additional form.

RETURN TO: NWSRA, Park Central, 3000 W. Central Road, Suite 205, Rolling Meadows, Illinois 60008 or FAX to 847/392-2870.

Questions? Call - VOICE: 847/392-2848 • TTY: 847/392-2855 Would you like to be added to our mailing list? Please check ☐

### Participant's Information:

Participant's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Ph. # (\_\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_\_) \_\_\_\_\_ Cell Phone # (\_\_\_\_\_) \_\_\_\_\_

Sex: F \_\_\_\_\_ M \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Spec. Ed. Classification/Medical Diagnosis \_\_\_\_\_

School/Workshop site \_\_\_\_\_ Teacher \_\_\_\_\_

School District \_\_\_\_\_ Park District \_\_\_\_\_ Township \_\_\_\_\_

Parent/Guardian Information: Mother's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Father's Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Mother's e-mail: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

Address (if different from above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Primary phone contact (Check one) MOTHER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_ or FATHER: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Home Ph. # (M) (\_\_\_\_\_) \_\_\_\_\_ (F) (\_\_\_\_\_) \_\_\_\_\_ Work Ph. # (M) (\_\_\_\_\_) \_\_\_\_\_ (F) (\_\_\_\_\_) \_\_\_\_\_

Mother's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Father's Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Alternate Emergency Contact \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Home Ph. # (\_\_\_\_\_) \_\_\_\_\_ Work Ph. # (\_\_\_\_\_) \_\_\_\_\_

First & last names of people authorized to pick up participant \_\_\_\_\_

Program #	Camp/Site Name	Circle if Med needed at program	Pick Up/Drop Off Location LETTER	Camp Fee	Transportation Fee	Total Fee
		Yes No				
		Yes No				
		Yes No				
		Yes No				
		Yes No				

You may charge your registration. Please check one.

American Express ☐ Discover ☐ MasterCard ☐ Visa ☐

Account # \_\_\_\_\_

Expiration Date \_\_\_\_\_ / \_\_\_\_\_

If requesting auto withdrawal payment plan, please check here ☐

By checking the automatic withdrawal box on the registration form, I authorize NWSRA to automatically withdraw payments in the amount shown from the listed account on the dates provided below.

Payment dates for auto withdrawal plan (Payment plans will only be offered with automatic withdrawal via a credit card):

1st withdrawal: Registration Deadline

2nd withdrawal: July 1

3rd withdrawal: August 1

**All past balances must be paid in full prior to registration.**

### Insurance

NWSRA carries liability insurance only. The cost of medical insurance coverage for injuries would make program fees prohibitive, therefore it is the responsibility of each individual or family to provide their own medical insurance. NWSRA must have the following information in case of an emergency.

Medical Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_

Minus Past Program Credits \$ \_\_\_\_\_

SLSF Donation \$ \_\_\_\_\_

Total Enclosed \$ \_\_\_\_\_

**Make check payable to NWSRA**

### IMPORTANT INFORMATION

NWSRA is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. NWSRA continually strives to reduce risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of children registering for the programs listed above must recognize that there is an inherent risk of injury when choosing to participate in recreational programs.

You are solely responsible for determining if you or your child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

### Warning of Risk

Recreational programs and activities are intended to challenge and engage the physical, mental and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational program or activity. Understandably, not all hazards and dangers can be foreseen. Depending on the particular activity, participants must understand that certain risks, dangers and injuries due to inclement weather, slipping, falling, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, participant misconduct, premises defects, inadequate or defective equipment, inadequate supervision, instruction or officiating, and all other circumstances inherent to indoor and outdoor recreational activities/programs exist. In this regard, it must be recognized that it is impossible for NWSRA to guarantee absolute safety.

### Waiver and Release of All Claims and Assumption of Risk

Please read this form carefully and be aware that in signing up and participating in the above identified programs, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you or your child/ward might sustain as a result of participating in any and all activities connected with and associated with said programs (including transportation services, when provided.) I recognize and acknowledge that there are certain risks of physical injury to participants in these programs, and I voluntarily agree to assume the full risk of any and all injuries, damages or loss, regardless of severity, that my child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my child/ward may have (or accrue to me or my child/ward) as a result of participating in these programs against NWSRA including its officials, agents, volunteers and employees (hereinafter collectively referred as NWSRA). I do hereby fully release and forever discharge NWSRA from any and all claims for injuries, damages, or loss that my child/ward or I may have or which may accrue to me or my child/ward and arising out of, connected with, or in any way associated with these programs.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, e-mail, your on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Adult participant if own guardian or parent/guardian

Please Print Name \_\_\_\_\_

(over)

# 2016 SUMMER DAY CAMP PARTICIPANT INFORMATION

SEIZURES: No \_\_\_ Yes \_\_\_ If "Yes", please complete seizure form on page 10.

MEDICAL CONDITIONS/NEEDS: Diabetes \_\_\_ Shunts \_\_\_ Braces \_\_\_ Canes \_\_\_ Walker \_\_\_ Glasses \_\_\_ G-tube \_\_\_ VNS \_\_\_ Trach \_\_\_  
Epi-pen \_\_\_ PKU \_\_\_ Suctioning \_\_\_ Catheter \_\_\_ Sign Language Assistance \_\_\_ Hearing Aid \_\_\_

Does participant require assistance for personal care (toileting, transferring, feeding, changing)? Yes \_\_\_ No \_\_\_ (If yes, a personal care information form will be sent to you.)

If using a wheelchair is participant capable of transferring? Yes \_\_\_ No \_\_\_ Wheelchair (type) \_\_\_\_\_

AAI Condition: If a participant has Down syndrome, have x-rays of the C-1 and C-2 vertebrae been taken and examined? Yes \_\_\_ No \_\_\_ Date \_\_\_

Is participant clear of Atlantoaxial Instability Condition (AAI)? Yes \_\_\_ No \_\_\_

Allergies (specific) \_\_\_\_\_ Other \_\_\_\_\_

Intolerances: \_\_\_\_\_

List specific medical instructions: \_\_\_\_\_

A permission form must be obtained, signed and returned to NWSRA in order for staff to assist with medications. Contact NWSRA to obtain a form.

For participants not needing medication dispensed at programs but would like to make us aware, please list all medications.

MEDICATION:

TYPE	DOSAGE	TIME

DOCTOR'S NAME: \_\_\_\_\_ Phone (     ) \_\_\_\_\_

NWSRA provides an approximate 1:4 staff to participant ratio. Please note if participant requires a closer ratio and why: \_\_\_\_\_

Inappropriate Activities: \_\_\_\_\_

Behavior Issues: \_\_\_\_\_

Areas/goals for the instructor to work toward: \_\_\_\_\_

Release of information permission for NWSRA to contact school/workshop staff concerning the participant's needs: Yes \_\_\_ No \_\_\_

NWSRA regards and treats personal information about participants as confidential, except in certain unusual situations in which NWSRA may have a duty to provide such information to third parties in order to avoid unreasonable risks of harm to them or to other individuals in their care.

Photo permission for NWSRA publicity purposes: Yes \_\_\_ No \_\_\_

Please indicate under what circumstances, if any, participant may be without leader supervision.

\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ (sign only if participant may be without supervision)

## SPECIFIC DAY CAMP INFORMATION - ALL ITEMS MUST BE COMPLETED:

T-SHIRT SIZE: **CHILD** S(□-□) M (10-12) L(14-1□) **ADULT** S(□4-□□) M(□□-40) L(42-44) □L(4□-4□) □□L(□0-□2) □□□L(□4-□□)

IS A VEHICLE HARNESS HOOK UP SYSTEM NEEDED FOR DAY CAMP BUS TRANSPORTATION? Yes \_\_\_ No \_\_\_ (Contact your local school district)

**Parents please refer to SAFETY VEST SYSTEMS paragraph on page 1.**

SWIM INFORMATION: Beginner \_\_\_ Advanced Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_ Diving \_\_\_

PARENTS ARE ASKED TO PROVIDE BUG SPRAY AND SUNSCREEN.

PERMISSION FOR STAFF TO APPLY THESE PRODUCTS ON YOUR CHILD? Yes \_\_\_ No \_\_\_

TEACHER INPUT: We would like your permission to contact your child's teacher for input on motor skills, activity preferences and socialization.

Yes \_\_\_ No \_\_\_

Please fill out the following questions thoroughly so that we can best serve your child.

1. My child's favorite activities are: \_\_\_\_\_

2. My child should not eat: \_\_\_\_\_

□. Socialization skills: \_\_\_\_\_

# 2016 SUMMER DAY CAMP SEIZURE INFORMATION

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**IF YOUR CHILD HAS SEIZURES, this form MUST be completed and verified by a signature before the participant is allowed to join any NWSRA program. Please check the correct response, complete each category and list any other information you feel NWSRA should be aware of to provide safe and enjoyable activities for the individual registered.**

## CONTACT INFORMATION:

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Tel.(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Other Emergency Contact: \_\_\_\_\_ Tel.(H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
Participant Primary Care Dr.: \_\_\_\_\_ Tel: \_\_\_\_\_

## SEIZURE INFORMATION:

1. When was the participant diagnosed with seizures or epilepsy? \_\_\_\_\_

Seizure Type	Length	Frequency	Description
Absence (staring spell)			
Simple Partial			
Complex Partial			
Atonic (drop)			
Generalized (Gran Mal)			
Other (explain):			

2. What might trigger a seizure in the participant? \_\_\_\_\_
3. Are there any warnings and or behavior changes before the seizure occurs? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
4. When was the participant's last seizure? \_\_\_\_\_
5. Has there been any recent change in the participant's seizure patterns? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_
6. How does the participant react after a seizure is over? \_\_\_\_\_
7. How do other illnesses affect the participant's seizure control? \_\_\_\_\_

## BASIC FIRST AID: Care and Comfort Measures

8. What basic first aid procedures should be taken when the participant has a seizure? \_\_\_\_\_

## SEIZURE EMERGENCIES:

9. Please describe what constitutes an emergency for the participant? \_\_\_\_\_
10. Has the participant ever been hospitalized for continuous seizures? Yes \_\_\_ No \_\_\_ If yes, please explain: \_\_\_\_\_

A seizure is generally considered an emergency when: A convulsive (tonic-clonic) seizure lasts longer than 5 minutes • Repeated seizures without regaining consciousness • First time seizure • Participant is injured or diabetic • Participant has breathing difficulties • Participant has seizure in water.

## SEIZURE MEDICATION AND TREATMENT INFORMATION:

11. What medication(s) for seizures does the participant take?

Medication	Date Started	Dosage	Frequency and time of day taken	Possible side effects

12. What emergency/rescue seizure medications are prescribed for the participant?

Medication	Dosage	Administration Instructions (timing* & method**)	What to do after administration:

\*After 2nd or 3rd seizure, for cluster of seizure, etc. \*\*Orally, under tongue, rectally, etc. NWSRA DOES NOT ADMINISTER RECTAL VALIUM.

13. Does your child have a Vagal Nerve Stimulator Yes \_\_\_ No \_\_\_ If yes, please describe instructions for appropriate magnet use: \_\_\_\_\_

## GENERAL COMMUNICATION ISSUES:

14. What is the best way for us to communicate with you about the participant's seizure(s)? \_\_\_\_\_
15. Is there any other information that NWSRA should know? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Dates Updated: \_\_\_\_\_, \_\_\_\_\_

Consulte la página 2 para obtener información acerca de traductor de español.



Arlington Heights • Bartlett • Buffalo Grove • Elk Grove • Hanover Park  
Hoffman Estates • Inverness • Mount Prospect • Palatine • Prospect Heights • River Trails  
Rolling Meadows • Salt Creek • Schaumburg • South Barrington • Streamwood • Wheeling

A \$50.00 non-refundable deposit per camp, per child must be included with the registration form.

Full Summer Camp: June 13 ~ August 5 (Not July 4)  
Parent/Camper Meet 'n Greet: Thursday, June 9  
4 - Week Camp: July 11 ~ August 5  
Parent/Camper Meet 'n Greet: Thursday, July 7  
Registration Begins: Monday, March 14  
Registration Deadline: Monday, April 18  
Registrations are processed on a first come,  
first served basis.

## DEADLINES and REMINDERS!

# SUMMER DAY CAMPS 2016



NORTHWEST SPECIAL RECREATION ASSOCIATION  
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847/392-2848 • 392-2855 TTY • 392-2870 FAX • [www.nwsra.org](http://www.nwsra.org)

This material can be made available in an alternative format upon request. Please keep this brochure as a reference for dates, times and locations of **Summer 2016 Day Camps**.

*Address Service Requested*