



Everyone Cares Camp 2019 Application

Part of the Chicago Central District Church of the Nazarene
Summer 2019 Camping Programs

Cost: \$200, Registration Deadline: July 1st

Everyone Cares Camp is a camp specifically designed for young people with special needs. Most people know the organization called the Special Olympics. Everyone Cares Camp is designed for similar participants in mind. Outdoor activities and games are an exciting part of the week. Special spiritual emphasis is always the highlight of the week. There is a 24 x 7 nurse on site. This camp is limited to the first 65 campers. The counselor to camper ratio is generally 1:1-2. Camp will be held this year at Dickson Valley Campground. This is the same campground that has hosted Everyone Cares Camp for the last 6 years.

Dickson Valley Campground is located in a secluded, peaceful setting in Newark, IL. It offers many additional features to our camp such as swimming every day in a man-made lake (nothing over 5 feet in depth) with a water slide and a tubing carousel, as well as a full-size gym if there is inclement weather. The restroom and bath area are located in the cabins and the walkways are paved to be more convenient for handicapped individuals. We will not be going off the campgrounds area at any point during camp. Of course, the same activities such as crafts, music, games and snack shack will still be featured. Newark, IL is located just south of Sandwich and Plano and just west of Yorkville. The Dickson Valley Campground has a map on its website at www.dvcrc.com. The address is 8250 Finnie Rd., Newark, IL 60541-9573.

Session 1

Check-In: July 20th at 9:00 am

Check-Out: July 22nd at 3:00 pm.

Session 2

Check-In: July 23rd at 9:00 am

Check-Out: July 25th at 3:00 pm.

Please send Registrations directly to the
Everyone Cares Camp Office:

Everyone Cares Camp
670 S. Rutledge
Kankakee, IL 60901

Please make checks payable to:
Chicago Central District

Co-Directors: Sara Christensen and Jeremy Driscoll: Phone – (815) 513-2228; Email – camp@eccamp.org.
Dickson Valley Campground: Phone – (630) 553-6233; Fax – (630) 553- 6240.

All You Need To Know About Everyone Cares Camp ... But Were Afraid to Ask!

Registration Information

It is important that you submit your application for registration and health record form along with your FULL Payment to the district office. If for any reason the camper is unable to attend, \$25 of the registration fee is non-refundable. Registration cannot be made by phone. Incomplete registrations may not be processed without additional information. The registration deadline for Everyone Cares Camp is July 1st, 2019.

Absolutely no walk-ons are allowed.

Campers may select one camp session to attend. If your selected session is full, you will be contacted by a director to discuss other alternatives. If campers would like to attend both sessions, please contact the directors prior to submitting the application. These requests will be granted on a case by case basis as space allows and is limited.

Mobility: Campers attending EC Camp must be able to transfer and walk short distances with assistance. If you have concerns about mobility issues, please contact the directors before submitting your application.

Spending Money

Included in the camping fees for Everyone Cares Camp is a fee to provide some snacks throughout the week of camp. Therefore, no additional spending money is needed.

Cost of Camp

Each camp on the Chicago Central District is heavily subsidized by the local churches through the District Evangelism Fund. In other words, the cost to run the camp is much higher than the price you are asked to pay. For example: Your cost for Everyone Cares Camp is \$200. Without the subsidy it would cost \$300.

Contacting Campers

Messages are deliverable to campers through the following means:

Camp Directors: Sara and Jeremy – (815) 513-2228;

camp@eccamp.org

Dickson Valley Camp – (630) 553-6233; fax (630) 553-6240

My List of Essentials for Everyone Cares Camp
(Please label all items with camper name)

Checklist

- Adequate Footwear for Activities -Tennis Shoes & an extra pair (State Required)
- Modest/Appropriate Swimsuits and Beach Towels (Girls swimsuit must cover stomach)
- Enough Clothing for a Week of Camping
- Jacket/Sweatshirt
- Sleeping Bag or Blankets
- Twin Size Sheet to Cover Mattress (State Required)
- Pillow
- Toiletries & Shower Supplies & Towel
- Flashlight (extra batteries)
- Bible
- Pencil
- Notebook



NOT ALLOWED: Cell Phones, Radios, Tape Players, iPods, MP3 players, Electronic Games and CD Players. The camp is not responsible for lost or stolen items.

Personal Information

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Age: _____ Date of Birth: _____ Gender (M or F) _____ Local Church: _____

Do you reside in a group home? Y/N _____ House _____ Organization _____
(please ensure that group home cover sheet is filled out and submitted with all applications)

Contact person, phone numbers, and email in case of emergency: (please list 3)

1. name: _____ phone: _____ email: _____
2. name: _____ phone: _____ email: _____
3. name: _____ phone: _____ email: _____

T-Shirt Size (all sizes are adult sizes): S M L XL XXL

Select which session you would like to attend: Session 1 Session 2

Note: Your application will be rejected if you choose both sessions. If you would like to attend both sessions, please call us at (815) 513-2228 to discuss.

Bunkmate Preference (if any): _____

Describe any morning or nighttime routines for camper.

Please list any cheer-ups or frustrations camper may have.

We provide several activities at camp. Please check a minimum of 3 activities camper would enjoy.

- Swimming Crafts Music / Singing Sports
 Bingo Movies Nature Walks

Hygiene. Please list any areas where camper may need assistance.

- Brushing teeth Shaving Showering
 Washing hair Dressing Bathroom breaks

Does camper use disposable underwear (such as Depends)? Nighttime / Daytime? Y / N

Please send the appropriate size and approximate number needed for the week.

Health Record

Failure to complete this form in its entirety may result in an incomplete registration that will not be accepted. do so will cause the registration to be unacceptable.

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Age: _____ DOB: _____: Gender: Male Female Height: _____ Weight: _____

Date of last tetanus shot or booster: _____

Is the camper allergic to any medication? Yes No If yes, specify:

Is the camper allergic to any foods? Yes No If yes, specify:

Dietary Restrictions. Please list any diet restrictions camper may have allergies, dislikes, etc.

- Milk Eggs Caffeine Peanut Butter Chocolate Gluten
 Other _____

Please indicate any conditions / diagnoses that would be important for the Camp Nurse to be aware of (other allergies, diabetes, asthma, epilepsy, heart, vision, hearing, etc.)

Please note any handicaps:

Should the camper be restricted in any camp activity? Yes No If yes, how?

Is the camper under treatment or medication now by physician, psychiatrist, etc? Yes No

Camper's physician: _____ Phone: _____

NOTE: Any medications sent to camp must in the in original RX Bottle with the physician's name and administration instructions on the bottle. Medications must be given to the Camp Nurse for administration.

I hereby authorize the Camp Nurse to administer Tylenol and/or cough medicine if required:

Please initial _____ Yes No

I hereby authorize the Camp Nurse to administer oxygen if available and required:

Please initial _____ Yes No

Failure to complete this form in its entirety may result in an incomplete registration that will not be accepted. do so will cause the registration to be unacceptable.

Camper Name: _____ Cabin: _____ Group: _____

Counselor: _____ Emergency Contact Name: _____

Emergency phone: _____ Secondary Contact Name/Phone: _____

Allergies: _____

Medication:			Route:		Notes: (daily, PRN, etc)		
Time:	Dosage:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:		Notes: (daily, PRN, etc)		
Time: (circle)	Dosage	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							
Medication:			Route:		Notes: (daily, PRN, etc)		
Time:	Dosage:	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
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Time: (circle)	Dosage	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday
AM							
Lunch							
Dinner							
Bedtime							
Other:specify							

Incidents/notes: _____

Medication picked up by caregiver: _____ date/time: _____

INSURANCE INFORMATION

INSURANCE: Parents' insurance will be the primary carrier. The district insurance is secondary and will cover only needs other than pre-existing conditions.

Insurance Company: _____ Insurance Carrier Phone number: _____

Policy #: _____ Plan I.D. #: _____

IN CASE OF EMERGENCY

In case of an emergency, I hereby give my permission to the Chicago Central District to hospitalize, secure treatment for, and to order injections, anesthesia, and/or surgery for the camper named above if I cannot be reached.

Signature of Parent or Guardian _____ Date: _____

In case of an emergency, please notify: _____ Phone: _____

NOTE: If the Camp Directors determine a camper can't meet their own personal needs, a parent or guardian will be called to come help, assist or take the camper home.

IMPORTANT: Parent / Guardian Approvals & Refusals APPROVAL

Approval of Parent/Guardian & Waiver of Claim

I hereby approve the participation of my camper in the Chicago Central District Summer Camps programs. I waive any and all claims against the same, or any of its Boards of Representatives, because of injuries or other damages incurred to the camper or camper's property in connection with the CCD Summer Camping Program at various camping facilities. I hereby give permission to the Chicago Central District to secure emergency medical and surgical treatment for my camper while attending camp if I cannot be reached.

Name of Camper: _____

Signature of Parent/Guardian: _____ Date: _____

Names of Parents: (Please print): _____

REFUSALS

NOTE: Refusals should only be signed if you are denying permission for the stated activity; leaving it blank will authorize permission. Therefore, be sure to read the refusal below carefully.

REFUSAL: Use of Images in Promotional Materials

Everyone Cares Camp occasionally uses photos and videos taken at our camp in our publications, media presentations and on our website. Submitting this camp application indicates that you give the Chicago Central District permission to use photos or videos of your child for these purposes. However, if you don't give such permission to the Chicago Central District please sign here:

(Leave blank if you give permission.)