

# Everyone Cares Camp 2020 Application

Part of the Chicago Central District Church of the Nazarene  
Summer 2020 Camping Programs

Registration Deadline: July 1st, 2020.

**Everyone Cares Camp** is a camp specifically designed for young people with intellectual and developmental disabilities. Outdoor activities and games are an exciting part of the week and campers must have some mobility to attend. If you have questions about mobility requirements, please contact us prior to signing up. There is a 24/7 nurse on site. Camp is limited to the first 65 campers. The counselor to camper ratio is generally 1:1-2. Most of our counselors are teenage and college aged students with a heart for working with special populations and looking for opportunities to serve. Camp is held at Dickson Valley Campground. This is the same campground that has hosted Everyone Cares Camp for the last 11 years.

Dickson Valley Campground is located in a secluded, peaceful setting in Newark, IL. It offers many features such as swimming in a man-made lake (nothing over 5 feet in depth) with a water slide and paddle boats, as well as a full-size gym if there is inclement weather. The restrooms are located in the cabins and all buildings have air conditioning. We also offer activities such as crafts, music, games, sports, a Hey!ride and a bonfire. Special spiritual emphasis occurs during our chapel sessions. 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](http://www.dvcrc.com). The address is 8250 Finnie Rd., Newark, IL 60541-9573.

**Option 1: Session 1 (Sat-Mon) \$200**  
**Check-In:** Saturday July 25<sup>th</sup> at 9:00 am  
**Check-Out:** Monday July 27<sup>th</sup> at 3:00 pm.

**Option 2: Session 2 (Tues-Thurs) \$200**  
**Check-In:** Tuesday July 28<sup>th</sup> at 9:00 am  
**Check-Out:** Thursday July 30<sup>th</sup> at 3:00 pm.

**Option 3: 6 day camp\* (Sat-Thurs) \$425**  
**\*limited availability**  
**Check-In:** Saturday July 25<sup>th</sup> at 9:00 am  
**Check-Out:** Thursday July 30<sup>th</sup> at 3:00 pm.  
*\*This option is designed to meet our goal of respite to caregivers and priority is given to campers who still reside at home with a parent or guardian.*

**Option 4: Try it out Weekend!**  
**1 day camp experience \$75**  
**Check-In/Out:** Sunday July 26th 8:30am-8:30pm

**Option 5: Try it out Weekday!**  
**1 day camp experience \$75**  
**Check-In/Out:** Wednesday July 29th 8:30am-8:30pm

**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**

Directors: Sara Christensen and Jeremy Driscoll  
Phone – (815) 513-2228  
Email – [camp@eccamp.org](mailto:camp@eccamp.org).

Dickson Valley Campground:  
Phone – (630) 553-6233  
(for use during the week of camp)

# FREQUENTLY ASKED QUESTIONS

## Registration Information **\*\*NEW INFORMATION PLEASE READ\*\***

It is important that you submit your application for registration and health record form as soon as possible as space is limited. Full payment for all options are due at the time of application submission. If you select the 6 day camp (or any other option) and the camp is full, you will be contacted and offered an alternative and placed on a waiting list. We will refund additional monies paid if space does not open up. We will not hold spots for campers without an application or payment.

If for any reason the camper is unable to attend, \$50 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, 2020. **Absolutely no walk-ons are allowed.**

**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.

**Medical needs:** We do have nurses on-site for medication monitoring and basic care throughout the camp, however we cannot accommodate feeding tubes or complex medical equipment.

## Spending Money

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

## Cost of Camp

Everyone Cares Camp is heavily subsidized by the local churches through the District Evangelism Fund and through donations from our generous sponsors. In other words, the cost to run the camp is much higher than the price you are asked to pay. For example: If Everyone Cares Camp registration is \$200; without donor support it would cost \$370. \*This is largely in part to covering part of the counselor cost. Counselors also pay a small fee to attend.

## Contacting Campers

Messages are deliverable to campers through the following means:  
Camp Directors: Sara and Jeremy – (815) 513-2228;  
Email: [camp@eccamp.org](mailto:camp@eccamp.org)  
Dickson Valley Camp – (630) 553-6233;

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

- 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
- 2 Towels (one for swimming, one for showers)
- Flashlight Bible
- SUNSCREEN
- BUGSPRAY



**NOT ALLOWED:** Electronic devices other than for taking pictures. Camp is not responsible for lost or stolen items.

# CAMPER APPLICATION 2020

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is this a group home or assisted living? Y / N

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: M or F Church: \_\_\_\_\_

PRIMARY EMERGENCY CONTACT: \_\_\_\_\_ Home: \_\_\_\_\_  
Cell: \_\_\_\_\_ email: \_\_\_\_\_

Additional Emergency Contact persons, phone numbers, and email in case of emergency: (please list 2)

1. name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

2. name: \_\_\_\_\_ phone: \_\_\_\_\_ email: \_\_\_\_\_

T-Shirt (all sizes are adult sizes):  S  M  L  XL  XXL Bunkmate Preference: \_\_\_\_\_

Select which camp you would like to attend: (you will be contacted if the camp you selected is full)

Session 1 July 25-27 \$200  Session 2 July 28-30 \$200  6 day camp July 25-30 \$425

One day Sunday July 26 \$75  One day Wednesday July 29 \$75

If you have questions prior to selection or to check availability, please call us at (815) 513-2228.

Describe any morning or nighttime routines for camper.

Please list anything that can frustrate or cheer up the camper:

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

Swimming  Crafts  Music / Singing  Sports  Bingo  Nature/outdoor activities

Please list any Hygiene 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.

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

Dietary Restrictions/Allergies: Please list any diet restrictions camper may have (allergies or dislikes)

Milk  Eggs  Caffeine  Peanut Butter  Chocolate  Gluten

Other \_\_\_\_\_

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Please list campers current diagnoses. (Cerebral Palsy, Down Syndrome, Diabetes, Asthma, Epilepsy, Heart, Vision, Hearing, Allergies, etc. )

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

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 original RX 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

Date of last Tetanus shot: \_\_\_\_\_

Please list all camper medications and dosages. Other medical forms are available online at [eccamp.org](http://eccamp.org) under camper application.

***It is CRUCIAL THAT WE RECEIVE MEDICATION INFORMATION IN ADVANCE AS MUCH AS POSSIBLE! We understand that medications can change between application submission and arrival, but this helps us prepare for camp!***

Medication:	Route: oral topical other Please specify:	Notes: (daily, PRN, etc)
Time:	Dosage:	

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Time:	Dosage:	

Camper's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

## 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.)