

Everyone Cares Camp 2024 DAY CAMPER Application

Camp Dates: July 23-25 9am-8pm

Registration Deadline: July 1st, 2024

Cost: \$75/day per camper

Cost includes lunch and dinner for camper and caregiver and a shirt for the camper.

The day camper option exists for campers who may not be ready to stay away from home overnight or who cannot stay for another reason. We do ask that ONE caregiver or family member attend during the day as a “buddy” for the camper. There may be times that we are able to pair the camper with others to give the caregiver a break but this is not guaranteed. Campers may attend for more than one day, but we do not have accommodations for campers/caregivers overnight for multiple days. If more than one caregiver plans to attend, please discuss this with us in advance. We cannot accommodate more than one caregiver per camper without advance notice.

Everyone Cares Camp is a camp specifically designed for 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 (able to walk short distances and transfer with minimal assistance). There is a 24/7 nurse on site. Day Camp is limited to 6 campers per day. **Camp is held at Streator Baptist Camp. 1259 N 1659th Rd. Streator, IL 61364.** 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.

Applications must be complete in order to be accepted. This includes contact information, ALL medication information, and full payment. A spot will not be reserved for your camper until all of this is received.

Directors: Sara Christensen and Jeremy Driscoll
Phone – 815-348-9811
Email – camp@eccamp.org

Streator Baptist Camp
Phone – (815) 672-0084
(for use during the week of camp only)

**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**

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 Swimsuit and Beach towel
- Enough Clothing for a Week of Camping
- Jacket/Sweatshirt
- 1 Towel (for swimming)
- SUNSCREEN AND BUG SPRAY
- Water bottle

NOT ALLOWED:

Extra money (snacks are provided), Electronics beyond something for picture taking. EC Camp is NOT responsible for lost, broken, or damaged items.

CAMPER APPLICATION 2024

Camper Last Name: _____ First Name: _____ Middle Name: _____

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

Gender: M or F Age: _____ Date of Birth: _____ Church: _____

Camper T-Shirt (adult sizes): ☐ S ☐ M ☐ L ☐ XL ☐ XXL ☐ 3XL ☐ 4XL

Who will attend with the camper? (Parent(s) or caregiver) Name: _____

Home #: _____ Cell: _____ Email: _____

List anything that frustrates camper: _____

List anything that cheers up camper: _____

Is the camper allergic to any medication? ☐ Yes ☐ No

If yes, please specify: _____

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

☐ Milk ☐ Eggs ☐ Caffeine ☐ Peanuts/tree nuts ☐ Chocolate ☐ Gluten

☐ Other _____

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

Please list camper's current diagnoses to best help us meet your camper's needs. (Cerebral Palsy, Down Syndrome, Diabetes, Asthma, Epilepsy, Heart, Vision, Hearing, Allergies, etc.)

Is the camper under treatment or medication now by a 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 and reviewed upon arrival. This is for the safety of all campers attending. Caregivers are welcome administer the medication from the nurse.

Please list all camper medications and dosages. Other medical forms are available online at eccamp.org under camper application. You may also attach a medical data sheet if this is easier.
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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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. #: _____

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. .

Name of Camper: _____

Signature of Parent/Guardian: _____ Date: _____

Names of Parent/Guardian: (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.)