

# Northern Will County Special Recreation Association

SUMMER DAY CAMP 2021

10 MONTROSE DRIVE, ROMEOVILLE, IL 60446 • 815-407-1819 • WWW.NWCSRA.ORG



## SERVING INDIVIDUALS WITH SPECIAL NEEDS:

- Bolingbrook Park District
- Lockport Township Park District
- Plainfield Park District
- Village of Romeoville
- Brookeridge Park District
- Justice Park District



*\*Crest Hill, Homer Township, and Lemont Residents: See Page 2*

# Welcome to Day Camp



**Address:** 10 Montrose Dr. | Romeoville, IL 60446

**Phone:** (815) 407-1819 | **Fax:** (815) 407-1829

**Website:** [www.nwcsra.org](http://www.nwcsra.org)

**Office Hours:** Monday - Friday | 9:00am-5:00pm

Phone messages left beyond business hours and on weekends are retrieved the next business day.

## Mission Statement

To provide meaningful recreational opportunities for individuals with disabilities that enhance their overall quality of life.

## Who We Are

We provide year-round recreation programs and services for children, teens, and adults with special needs and abilities. Together with our member communities of Bolingbrook Park District, Lockport Township Park District, Plainfield Park District, Village of Romeoville, Brookeridge Park District, and Justice Park District, we offer an array of programs and special events to meet everyone's interests. Our close staff-to-participant ratios allow participants to develop skills, grow, and have fun!

## Out of District Policy

Out of district residents may participate in all NWCSRA programs; however, they will be charged the non-resident fee.

*In addition to our residents, individuals living in Crest Hill and Lemont receive the resident rate.*

## Homer Township Residents

Homer Township Residents may receive assistance with the out-of-district program fees. Contact the NWCSRA office for more information!

## Day Camp

NWCSRA's Summer Day Camp Program is designed to provide a community-based recreational experience for all children with special needs. NWCSRA Day Camps provide a structured environment in which to enjoy productive leisure activities. Our camps are designed to fit all campers needs, help them retain important skills learned during the school year, promote socialization, and to have fun! Camp activities include crafts, games, sports, swimming, field trips, and much more!

## Day Camp Coordinator: Amber Provancal

Amber started her Therapeutic Recreation journey at LCSRA in 2014 as a counselor at their Summer Day Camp and worked as a lead staff member for 6 summers. During this time, she also attended Illinois State University to get her degree in Therapeutic Recreation and became a Certified Therapeutic Recreation Specialist (CTRS). She then interned at NWCSRA and was hired full time in 2019. Now she spends her days hard at work planning Summer Day Camp to ensure all campers have an exceptional summer camp experience.

If you have any questions or concerns about Summer Day Camp, contact Amber at [aprovancal@nwcsra.org](mailto:aprovancal@nwcsra.org) or by calling (815) 407-1819 ext. 203.



## Day Camp Goals

- To provide an exceptional camp experience for our campers and their families.
- Encourage campers to try new things by offering a wide variety of activities throughout the summer.
- Build confidence and self-esteem by providing opportunities that encourage our campers to feel successful.
- To provide opportunities for personal growth through activities that are both challenging and fun.
- To improve motor skills through activities that utilize both fine and gross motor skills daily.
- To ensure the safety of our campers and staff by following NWCSRA's safety policies and procedures.
- Increase social skills through the use of group activities and encouraged interactions with other campers.
- To foster independence by providing the least-restrictive support possible and encouraging our campers to be as independent as possible.

## Eligibility Requirements

Due to continued restrictions for safety there are specific eligibility requirements campers must meet in order to attend camp this summer. Full-time staff will assess each camper's ability to participate in camp while following these guidelines. Staff will continue to assess each camper's ability as needed throughout camp. At any point if a camper cannot follow these guidelines, full-time staff will reassess their eligibility for camp.

- Ability to function at a one staff to four camper ratio.
- Ability to properly put on, wear, and take off face covering when necessary, for the duration of camp. Note: Mask breaks can be scheduled and will not need to be worn while eating lunch.
- Ability to maintain 6-foot distance from other campers and staff.
- Ability to cover cough and/or sneeze.
- Ability to follow NWCSRA Code of Conduct.
- Ability to adapt to changes in schedule.
- Ability to follow directions with visual and verbal prompting within a ratio of one staff to four campers, without the need for physical re-direction.
- Ability to remain with group.
- Ability to perform the following activities independently:
  - Toileting
  - Hand washing/use hand sanitizer
  - Eating
  - Arts & crafts (painting, coloring, etc.)
  - Games (Board games and outdoor games)
  - Maneuver wheelchair without assistance

*If you answered "Yes" to all the statements above, you are eligible for Summer Day Camp.*

*If you answered "No" to any of the statements above, you will not be eligible for Day Camp this summer.*

*If you have any questions about eligibility, please contact Amber.*

## Parent/Guardian Responsibilities

1. Self wellness checks must be completed prior to campers arriving at camp each morning.
2. Please label all your camper's belongings.
3. Please do not send items not deemed necessary to your child's care during camp. NWCSRA is not responsible for lost, broken, or stolen items.
4. Campers must arrive at camp with clean and dry clothing.
5. Parents should adhere to scheduled pick-up and drop-off times of camp.
6. Parents must sign their child out of camp each day.

## Participant Illness Guidelines

To prevent the spread of contagious illnesses, it is recommended that participants refrain from attending programs when any of the following conditions exist:

- Fever of 100° or higher
- Vomiting within the last 24 hours
- Persistent diarrhea in conjunction with other symptoms
- Contagious rash or a rash of unknown origin
- Persistent cough and/or cold symptoms
- "Pink Eye" (conjunctivitis) or discharge from the eye
- Symptoms of mumps, measles, chicken pox, strep throat, flu, Impetigo, Coxsackie virus, head lice, mites, and ringworm
- Runny nose with yellow or green discharge, which indicates infection
- Fatigue, due to illness, that will hinder participation and enjoyment of the program.

Please notify Northern Will County Special Recreation Association office if the participant contracts any contagious illness that will affect his/her attendance at the program. Participants should return to programs at the recommendation of the doctor, or if not under a doctor's care, when the symptoms have clearly passed.

**\*Staff reserve the right to send home campers for the day if any above symptoms are present.**

## Camper Behavior Expectations

NWCSRA encourages and promotes the concept of fun for everyone. However, certain rules and guidelines have been established to ensure the safety and enjoyment for everyone. Participants, staff, volunteers, and parents/guardians are expected to exhibit appropriate behavior at all times. Staff, participants, volunteers, and parents/guardians shall:

- Show respect to all participants, staff, volunteers, and parents.
- Abstain from using abusive or foul language.
- Refrain from causing bodily harm to other participants, staff, coaches, volunteers, and parents/guardians.
- Demonstrate respect to equipment, supplies, and facilities.
- Represent NWCSRA in a manner that is consistent with the goals, objectives, and ethics of the association.

A caring, positive approach will be utilized regarding the use of disciplinary methods. Additional or individual behavior management plans may be developed on the advice of parents, guardians, staff members, or other professionals. Northern Will County Special Recreation Association reserves the right to dismiss or suspend a participant if the above noted procedures are not adhered to and/or parent/guardian response to a problem situation is not attempted. Each situation will be evaluated individually and on its own merit.

# Guidelines

## Arrival/Departure

To limit the number of people going in and out of the building, all pick ups and drop offs will be done curbside. Parents/guardians should remain in their cars and wait for camp staff to come out. Staff reserve the right to ask for a photo ID of anyone who is not a parent/guardian. Your camper will not be released to an unauthorized person.

## Late Fee

If you are more than 15 minutes late to pick up your camper, you will be charged the daily post-care rate.

## Transportation

NWCSRA does not provide transportation to and from camp. If your camper is attending ESY and their school is in the same town as their camp site, please contact your school to set up transportation to camp. NWCSRA does not set up this transportation for families.

## Day Camp Staff

An average ratio of 1 staff to every 4 campers is maintained at camp sites. All Day Camp Staff participate in an extensive orientation to familiarize them with the needs of the campers.

## Medication

If your camper will need to take medication during camp time, a medication dispensing form must be completed and turned in prior to the start of camp. All medication must be in original dosage containers clearly labeled with the camper's name, along with medication name and dosage instructions. If these procedures are not followed, staff cannot dispense medication.

## Lunches and Snacks

Parents will need to send a sack lunch every day with their child's name on it. If you are signed up for post-care, please pack a snack for your camper to have during that time. Please list all dietary restrictions and allergies on your child's Annual Information Form.

## Camper Attire

A mask is required daily. Campers should wear athletic/comfortable clothing to camp each day as well as closed-toed shoes. Each camper needs a change of clothes kept in their backpack every day. Please put all of your child's belongings in a backpack with his/her name on it.

## Camp T-Shirt

Each camper will receive a Day Camp t-shirt, so please indicate their t-shirt size on the registration form. **Day Camp t-shirts are to be worn on any field trips.**



## Field Trips

Our goal is to offer a variety of field trips and outings as we are able to. Please check the weekly schedules for additional items you may need for each outing or trip. Camp t-shirts are to be worn on any field trips.

## Swimming

Campers will be swimming throughout the summer as able. Campers are to bring their swim suit, towel, and sunscreen on those dates. Campers who cannot swim independently will be required to wear a life jacket provided by parents/guardians. Sunscreen will be applied to your camper each day. Please provide spray sunscreen as staff will not be able to apply lotion sunscreen. Please label your child's belongings to prevent them from being lost. If a camper does not have the appropriate swim attire to fit their needs, they will not be allowed to swim that day.

## Inclement Weather

Camp will meet rain or shine. However, depending on the heat index or the threat of rain, activities and field trips may be changed to ensure the safety of the campers. These changes are made on short notice, so please be patient and flexible with staff in the event of inclement weather. Staff will provide advance notice as they are able to.

## Communication Devices

NWCSRA is not responsible for any lost, stolen, or damaged communication devices. While we understand that devices are important for individuals to communicate, NWCSRA will not sign any agreements or lending agreements with school districts or therapy services. All communication devices are the responsibility of the family. If your child benefits from using their device, we highly encourage you to bring it to your camp site's Open House to provide staff with a brief training on your child's device.

# Plainfield Camps

NWCSRA's Summer Day Camp is built around creating a safe environment for campers to build their confidence and self-esteem. We strive to provide opportunities for personal growth through activities that are both challenging and fun. Campers will be placed in groups by age and ability. This is to help promote social interactions between them and their peers. Ultimately, we want our campers to try new things and have fun over the summer! Please note: Due to COVID we are working on outing and field trip options that are safe for our campers and staff. Neither of these can be guaranteed at this time.

**Youth:** Ages 3-12  
**Teens:** Ages 13-22

**Location:** Walkers Grove Elementary School  
 24810 W. 135th Street, Plainfield

**Camps:**

Week	Days	Dates	Full Days		Half Days	
			Times	Res/Non-Res Fee	Times	Res/Non-Res Fee
1	M-F	6/14-6/18	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
2	M-F	6/21-6/25	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
3	M-F	6/28-7/2	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
4*	Tu-F	7/6-7/9	9am-3pm	\$176/\$219	12pm-3pm	\$132/\$167
5	M-F	7/12-7/16	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
6	M-F	7/19-7/23	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
7	M-F	7/26-7/30	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209

**\*No camp on 7/5**

**Post Care:**

Plainfield Post Care Monday-Thursday			
Week	Dates	Times	Res/Non-Res Fee
1	6/14-6/17	3-5pm	\$59/\$74
2	6/21-6/24	3-5pm	\$59/\$74
3	6/28-7/1	3-5pm	\$59/\$74
4*	7/6-7/8	3-5pm	\$45/\$56
5	7/12-7/15	3-5pm	\$59/\$74
6	7/19-7/22	3-5pm	\$59/\$74
7	7/26-7/29	3-5pm	\$59/\$74

**No Friday post care available for this site**



# Romeoville Camps

NWCSRA's Summer Day Camp is built around creating a safe environment for campers to build their confidence and self-esteem. We strive to provide opportunities for personal growth through activities that are both challenging and fun. Campers will be placed in groups by age and ability. This is to help promote social interactions between them and their peers. Ultimately, we want our campers to try new things and have fun over the summer! Please note: Due to COVID we are working on outing and field trip options that are safe for our campers and staff. Neither of these can be guaranteed at this time.

**Youth:** Ages 3-12  
**Teens:** Ages 13-22

**Youth Location:** NWCSRA Office  
 10 Montrose Drive, Romeoville  
**Teen Location:** College View Park  
 19330 Dawson Ave, Romeoville

## Camps:

Week	Days	Dates	Full Days		Half Days	
			Times	Res/Non-Res Fee	Times	Res/Non-Res Fee
1	M-F	6/14-6/18	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
2	M-F	6/21-6/25	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
3	M-F	6/28-7/2	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
4*	Tu-F	7/6-7/9	9am-3pm	\$176/\$219	12pm-3pm	\$132/\$167
5	M-F	7/12-7/16	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
6	M-F	7/19-7/23	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209
7	M-F	7/26-7/30	9am-3pm	\$219/\$274	12pm-3pm	\$164/\$209

**\*No camp on 7/5**

## Post Care:

Romeoville Post Care Monday-Friday			
Week	Dates	Times	Res/Non-Res Fee
1	6/14-6/18	3-5:30pm	\$94/\$117
2	6/21-6/25	3-5:30pm	\$94/\$117
3	6/28-7/2	3-5:30pm	\$94/\$117
4*	7/6-7/9	3-5:30pm	\$76/\$94
5	7/12-7/16	3-5:30pm	\$94/\$117
6	7/19-7/23	3-5:30pm	\$94/\$117
7	7/26-7/30	3-5:30pm	\$94/\$117



# Registration Form

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Please Check Camp Site and Age:

<b>Plainfield</b>	<b>Romeoville (NWCSRA)</b>	<b>For Office Use ONLY</b>
<input type="checkbox"/> Youth (Ages 3-12)	<input type="checkbox"/> Youth (Ages 3-12)	<b>Full:</b>
<input type="checkbox"/> Teen (Ages 13-22)	<b>Romeoville (Collegeview)</b>	<b>Half:</b>
	<input type="checkbox"/> Teen (Ages 13-22)	<b>Post Care:</b>

## Camps:

Week	Days	Dates	Full Days			Half Days		
			✓	Times	Res/Non-Res Fee	✓	Times	Res/Non-Res Fee
1	M-F	6/14-6/18		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209
2	M-F	6/21-6/25		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209
3	M-F	6/28-7/2		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209
4	Tu-F	7/6-7/9		9am-3pm	\$176/\$219		12pm-3pm	\$132/\$167
5	M-F	7/12-7/16		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209
6	M-F	7/19-7/23		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209
7	M-F	7/26-7/30		9am-3pm	\$219/\$274		12pm-3pm	\$164/\$209

## Post Care:

Week	Plainfield Post Care Monday-Thursday				Romeoville Post Care Monday-Friday			
	✓	Dates	Times	Res/Non-Res Fee	✓	Dates	Times	Res/Non-Res Fee
1		6/14-6/17	3-5pm	\$59/\$74		6/14-6/18	3-5:30pm	\$94/\$117
2		6/21-6/24	3-5pm	\$59/\$74		6/21-6/25	3-5:30pm	\$94/\$117
3		6/28-7/1	3-5pm	\$59/\$74		6/28-7/2	3-5:30pm	\$94/\$117
4		7/6-7/8	3-5pm	\$45/\$56		7/6-7/9	3-5:30pm	\$76/\$94
5		7/12-7/15	3-5pm	\$59/\$74		7/12-7/16	3-5:30pm	\$94/\$117
6		7/19-7/22	3-5pm	\$59/\$74		7/19-7/23	3-5:30pm	\$94/\$117
7		7/26-7/29	3-5pm	\$59/\$74		7/26-7/30	3-5:30pm	\$94/\$117

## Payment

Total Camp Fees Due: \_\_\_\_\_

Date: \_\_\_\_\_  Visa  MasterCard Check # \_\_\_\_\_ Cash Amount \_\_\_\_\_

Account Number \_\_\_\_\_ Cardholder's Name \_\_\_\_\_

Exp. Date: \_\_\_\_\_ CVV2# (3 digits on back) \_\_\_\_\_ TOTAL: \_\_\_\_\_ Signature \_\_\_\_\_ 7

# Registration Form

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
Gender: \_\_\_\_\_ T-Shirt Size: Youth Size: \_\_\_\_\_ Adult Size: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Email Address \_\_\_\_\_ Participant's Home Phone \_\_\_\_\_  
Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Parent/Guardian 2 Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Emergency Phone \_\_\_\_\_  
Disability \_\_\_\_\_ Seizures:  Yes  No If yes, please fill out a Seizure Form.  
Medication taken during camp:  Yes  No If yes, please fill out a Medication Distribution Form.  
List Allergies or Food to avoid: \_\_\_\_\_

## Waiver/Signature

**IMPORTANT INFORMATION** -Northern Will County Special Recreation Association is committed to conducting its recreation programs and activities in a safe manner and holds safety of participants in high regard. Northern Will County Special Recreation Association continually strives to reduce such 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 minors registering for this program/ activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities. You are solely responsible for determining if you or your minor child/ward is 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 has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**WARNING OF RISK** - Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when participating in any recreational activity/program. Understandably, not all hazards and dangers can be foreseen. Participants must understand that certain risks, dangers and injuries due to acts of God, inclement weather, slipping, falling, equipment failure, failure in supervision, premises defects and all other circumstances inherent to recreational activities/programs exist. In this regard, it must be recognized that it is impossible for Northern Will County Special Recreation Association 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 Northern Will County Special Recreation Summer Guide 2020 activities, 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 minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation of services, when provided). I recognize and acknowledge that certain risks of physical injury to participants in this program/ activity, and I voluntarily agree to assume the full risk of any and all injuries, damages, or loss regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result in participating in the program/activity against Northern Will County Special Recreation Association, including its officials, agents, volunteers and employees. I do hereby fully release and forever discharge Northern Will County Special Recreation Association from any and all claims for injuries, damages or loss that my minor child/ward or I may have or which may accrue to me or my minor child/ward and arising out of, connected with, or in any way associated with this program/activity. I have read and fully understand the above important information, warning of risk, assumption of risk waiver and release of all claims. If registering a minor participant, I further attest that I have read the above to my minor child/ward. In the event of an emergency, I understand and authorize Northern Will County SRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered. If registering via fax, facsimile signature shall substitute for and have same legal effect as an original form signature.

**YOU MUST SIGN AND DATE THIS FORM AND PROVIDE FULL PAYMENT FOR YOUR REGISTRATION TO BE PROCESSED.** I have read and fully understand the information on the reverse side of this form, warning of risk, assumption of risk and waiver and release of all claims, if registering a minor participant, I further attest that I have read the reverse to my minor child/ward.

\_\_\_\_\_  
Participant's Name (*please print*)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

(18 years or older or Parent/Guardian)

# Northern Will County Special Recreation Association

## Annual Information Form

January 2021 – December 2021

To register for any NWCSRA programs, an Annual Information Form must be on file for the current year. It is the responsibility of the parents/guardians to keep this form up to date and accurate. Return this form to NWCSRA, 10 Montrose Drive, Romeoville IL 60446.

### Participant Information:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Disability: \_\_\_\_\_ Secondary Disability: \_\_\_\_\_

Current Medication/Dose/Frequency: \_\_\_\_\_

Can participant self-administer medication?  Yes  No

Will medication(s) be dispensed at NWCSRA programs?  Yes  No

*\*If yes, complete the Medication Dispensing Waiver that can be found on our website and return to NWCSRA.*

Allergies: \_\_\_\_\_ Dietary Restrictions: \_\_\_\_\_

Is the participant subject to seizures?  Yes  No

*\*If yes, please complete the Seizure Information Form that can be found on our website and return to NWCSRA.*

If participant has Down Syndrome, has he/she been tested for Atlanto-Axial Instability?  Yes  No

*\*If yes, were results positive? \_\_\_\_\_ If so, please attach a copy of medical exam.*

### Parent/Guardian Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

*\*Place a checkmark beside the phone number you would like us to use first.*

Second Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home: \_\_\_\_\_  Cell: \_\_\_\_\_  Work: \_\_\_\_\_

*\*Place a checkmark beside the phone number you would like us to use first.*

### Daily Living Skills:

**Eating**  Eats Independently  Needs to be Monitored  Needs Assistance Explain \_\_\_\_\_

**Bathroom**  Toilets Independently  Needs to be Monitored  Needs Assistance Explain \_\_\_\_\_

**Swimming**  Swims Independently  Cannot Swim Independently  Fear of Water

**Mobility**  Walks Independently  Uses a Wheelchair  Other Assistive Devices Explain \_\_\_\_\_

**Communication**  Verbally speaks  Uses Sign Language  Has difficulty expressing needs  Gestures/Points

Uses hearing devices  Uses a communication board/schedule/pictures

**Interaction/Socialization Skills:**

**Social Interaction**       Initiates social interaction       Socializes with verbal prompting       Avoids social interactions

**Prefers Being**       Alone       with Peers       with Adults      Explain \_\_\_\_\_

**Is Most Successful in**       Large Groups       Small Groups      Explain \_\_\_\_\_

**Responds Better to**       Males       Females       Either      Explain \_\_\_\_\_

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**Behavior/Conduct:**

**Sensory Sensitivity**       Noise       Sound       Touch       Bright Lights       Other  
Explain \_\_\_\_\_

**Following Directions**       Follows Directions Independently       Needs Verbal Prompting       Needs Step-by-Step Assistance  
Explain \_\_\_\_\_

**Please check all that apply**       Short attention span       Easily distracted       Hyperactivity       Verbal outbursts

Physical aggression to others       Self-abusive behaviors       Tantrums/meltdowns       Tendency to run or wander off

If you checked yes to any behaviors above, please provide a detailed explanation: \_\_\_\_\_

What are the known triggers to the behaviors above? \_\_\_\_\_

Does the participant use a specific behavior plan?       Yes       No

If yes, explain: \_\_\_\_\_

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**Personal Interests/Goals:**

Favorite quiet activities \_\_\_\_\_ Favorite active games \_\_\_\_\_

Food \_\_\_\_\_ Color \_\_\_\_\_ Hobbies \_\_\_\_\_

Please identify any goals parents/guardians would like to see worked on with your child: \_\_\_\_\_

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**Transportation:**

NWCSRA programs/special events could involve participants being transported in NWCSRA vehicles.

Permission to transport participant in NWCSRA vehicles:  Yes       No

If yes, which centralized pick up/drop off location would you utilize for programs that offer centralized pick up/drop off.

NWCSRA Office, Romeoville       Plainfield       Bolingbrook       Lockport

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**Releases:**

Permission to be photographed at programs/special events       Yes       No

Permission for NWCSRA staff to allow participant to remain after programs independently?  Yes       No

*\*If yes, complete the Independent Departure Waiver that can be found on our website and return to NWCSRA.*

\_\_\_\_\_  
**Participant or Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

## Registration Dates

Registration opens to residents on **April 19**.  
Non-Resident registration will open on **April 26**.  
Registrations will be taken as first-come, first-served basis.  
Spots are limited this summer due to COVID.

The deadline for 2021 Summer Day Camp Registration is **May 14**. After the deadline, additional registrations will be added to a waitlist which will also be first-come, first-served.

## Registration Procedures

- Choose your camp site, weeks attending, and full or half day.
- Complete the Registration Form on pages 7 & 8.
- If you haven't already completed a 2021 AIF, please complete the form on pages 9 & 10.
- Accepted forms of payment include cash, check, or credit cards (Mastercard or Visa).
- Upon Registration you will receive a Welcome Packet which will include all the paperwork required to complete registration.
- Your spot in camp is reserved once you receive a receipt. Forms must be completed and turned in by **May 14**.

## Payment Plans

Payment plans can be made upon request. All weekly camp fees will be due 1 week prior to the week you are attending. If payment is not made at least 1 week before, you will lose your registration spot and it will be offered to the next camper on the waitlist.

- In order to be on a payment plan, you must have a credit card on file. No debit cards will be accepted.

## 4 Ways To REGISTER

### Mail

Mail your completed Registration Form and payment to our office.

### Email

Email your completed Registration Form to [aprovanca@nwcsra.org](mailto:aprovanca@nwcsra.org).

### Fax

Fax your completed Registration Form to (815) 407-1829.

### Drop Off

Drop off your completed Registration Form at our office during regular business hours: Monday - Friday, 9:00am-5:00pm.

## Refund Procedures

- Requests for refunds or credits must be requested ten business days prior to the beginning of the program. NOTE: Programs which include daily admissions or tickets to entertainment or sports events, etc. will be a prorated refund based on budgetary considerations.
- A full or prorated refund will be granted if a medical condition prohibits participation. NOTE: A doctor's note must be included with the refund request.
- Refunds will be held as a program credit.

## Outstanding Balances

All participants that have a fee balance remaining from a previous season will not be allowed to register for 2021 Day Camp until that balance is paid in full.

## OPEN HOUSE

Campers & parents/guardians are welcome to come visit their camp sites and meet their counselors and fellow campers before camp begins.

More information to follow.

**Plainfield Camps: 6/7 from 3:00-5:00pm**  
**Romeoville Teens: 6/9 from 4:00-5:00pm**  
**Romeoville Youth: 6/10 from 3:00-5:00pm**

# POSTMASTER: DATED MATERIAL - PLEASE DO NOT HOLD



Summer Day Camp 2021 Brochure

10 Montrose Drive  
Romeoville, IL 60446

(815) 407-1819 Phone  
(815) 407-1829 Fax

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