

Lottery: Monday, April 11 at 12:00 pm Location: Willow Park Fieldhouse, Glenview

Min/Max: 6 / 8

Transportation Min/Max: 4 / 8

Campyardigans provides active summer opportunities for campers in a community setting. Campers will experience a variety of activities including sports, games, swimming, arts, outdoor activities, leisure, community outings and more! Campers will engage socially with their peers & staff as well as build fine and gross motor skills while exploring new interests.

Time: 12:00 - 3:00 pm (pending summer school schedules)

Days: Monday - Friday

Dates: Monday, June 20 - Friday, July 22 (No program Monday, July 4)

Session Options

Session 1 Dates: June 20 - 24

Session 1 Program Code/Fee: 325002-01 / \$263

Session 2 Dates: June 27 - July 1

Session 2 Program Code/Fee: 325002-02 / \$263

Session 3 Dates: July 5 - 8

Session 3 Program Code/Fee: 325002-03 / \$210

Session 4 Dates: July 11 - 15

Session 4 Program Code/Fee: 325002-04 / \$263

Session 5 Dates: July 18 - 22

Session 5 Program Code/Fee: 325002-05 / \$263

Transportation Information

School pick up and drop off are TBD based on participants' summer school locations. A minimum of three participants is required to establish a pick up point. Transportation for outings will be provided by NSSRA.

Session 1 Transportation Code/Fee: 325002-51 / \$56 Session 2 Transportation Code/Fee: 325002-52 / \$56 Session 3 Transportation Code/Fee: 325002-53 / \$45 Session 4 Transportation Code/Fee: 325002-54 / \$56 Session 5 Transportation Code/Fee: 325002-55 / \$56

Registration, transportation, and additional Information can be found on the next page.





Open House

Information regarding the open house will be communicated to campers and parents. The open house provides an opportunity to ask questions, get daily activity schedules and learn more about camp.

Transportation

School pick up and drop off will be determined based on participants' summer school locations. A minimum of three participants are required to establish a pick up point. Transportation for outings will be provided by NSSRA.

To Register

Complete the attached registration form or register online at register.nssra.org. A completed registration form, a completed ePact profile and a \$125 deposit (minimum) is required to register. Payment plans and financial assistance are available for NSSRA residents. Contact NSSRA Registrar Kristine Hoellerich at (847) 509-9400 x6815 with registration questions.

To better serve our participants and their families, we collect participant information regarding diagnosis, allergies, dietary needs, medications, mobility, communication, safety, behaviors, and daily life skills. A completed ePACT profile must be on file before registration. You may update this information on an annual basis. If you are new to NSSRA or have not completed an ePACT profile, please contact our team at registration@nssra.org for more details.

If you do not have a completed ePACT profile on file, you will not be allowed to register for programs.

Communication and **Safety**

Communication books will be used daily for each camper to help facilitate communication between families and staff. Communication books will be available at the open house or sent home on the first day.

If your child requires specific accommodations, please contact Dani Czarnik at (847) 509-9400 x6812 or dczarnik@nssra.org.

What to Wear and Bring to Camp

Campers should bring a labeled backpack, change of clothes and sunscreen each day. Campers are required to bring a lunch and drink each day. A detailed schedule will be mailed home prior to camp.

Camp Goals

To provide campers with recreation and leisure activities during the summer months. Activities will focus on socialization, independence, motor development, leisure education and an overall sense of well-being through participation.

Questions?

Camp Questions may be directed to Dani Czarnik, Recreation Manager, at (847) 509-9400 x6830 or dczarnik@nssra.org.

Camp Policies

Equal Access

No eligible participant shall, on the basis of race, creed, national origin or disability, be denied equal access to programs, activities, services or benefits or be limited in the exercise of any right, privilege, advantage or opportunity. If any special accommodations are necessary for participation in any program or to receive any service provided by NSSRA, please notify the staff upon registration.

Behavior

All campers and their guests are expected to exhibit appropriate behavior at all times while participating, spectating or attending any camp or activity sponsored by NSSRA. This includes participation in programs which may or may not require an admission fee. For the purpose of the Code of Conduct, the term "program" refers to all recreation events you may attend as a participant, spectator or visitor which are sponsored by NSSRA.

Code Of Conduct

- Show respect to all participants and program staff and/or supervisors.
- Take direction from program staff and/or supervisors.
- Refrain from using abusive or foul language.
- Refrain from causing bodily harm to self, other participants or program staff and/or supervisors.
- Refrain from bullying other participants or program staff and/or supervisors.
- Show respect to equipment, supplies and facilities.

Discipline

A positive approach is used when disciplining. Program staff may discuss the Code of Conduct with all campers prior to the start of the camp and will periodically review the Code of Conduct. If inappropriate behavior occurs, staff will develop a solution specific to each situation as it arises. NSSRA reserves the right to dismiss campers whose behavior endangers themselves or others.

Camper Expectations

- » Clean, dry clothing
- » No bowel/bladder problems upon arrival at the transportation location or program. If this is a concern, extra clean clothing, clean-up supplies and Depends™ garments or similar items must be sent with the participant
- » Attention to body odor (should smell clean)
- » Clean hair, face, teeth, hands, nails, etc. (overall appearance should be clean)
- » Appropriate attire for program participation (i.e. tennis shoes, warm ups or loose/comfortable fitting clothing for athletic/sports/exercise programs). If you have questions about the type of attire campers should wear for a particular program, please contact the NSSRA office.
- » NSSRA staff will also be consistent in stressing personal hygiene while campers are in our camps and will not return camper(s) in an unclean manner at the end of the day

Camper Wellness

In consideration of other campers and NSSRA staff, to prevent the spread of contagious illnesses, it is requested that campers refrain from attending when any of the following conditions exist:

- » Did not attend school due to illness that day
- » Fever of 100 degrees or higher (when this occurs, campers must stay home for one whole program day - 24 hours from time sent home)
- » Vomiting within the last 24 hours
- » Persistent diarrhea in conjunction with other symptoms
- » Contagious rash or rash of unknown origin
- » Persistent cough and/or cold symptoms
- » "Pink Eye" (conjunctivitis) or discharge from eye
- » Symptoms of mumps, measles, chicken pox, strep throat, flu, impetigo, or coxsackle virus
- » Runny nose with yellow or green discharge
- » Lice/mites present
- Fatigue due to illness that will hinder participation and enjoyment in the program

Camp Policies

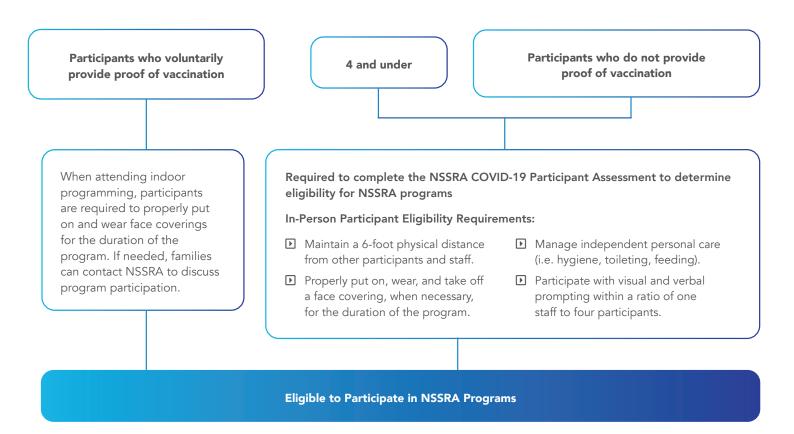
Late Pick Up Policy

If a camper has not been picked up at the scheduled program end time, the parent/guardian/group home staff will be contacted. After the ten-minute wait period, if the camper has not been picked up, emergency contacts will be called. After ten minutes, a fee may be applied.

Camp Refunds

For all camps, full refunds will be granted up to the registration deadline. A prorated refund of the camp and/or transportation fee minus a \$10 administrative fee and NSSRA-incurred costs (tickets, staff costs, etc.) will be made when NSSRA is notified more than two weeks prior to the start of the camp session. If notified within two weeks of the start of camp, refunds will only be given for medical reasons. When cancelling for a medical reason, refunds are minus NSSRA prepaid costs, and NSSRA requires a note from your doctor.

Participant Eligibility



Proof of vaccination can be brought to the NSSRA office or emailed to registration@nssra.org.



CAMPYARDIGANS

Registration Deadline: Friday, April 8

Mail or Drop Off: Mitchell L. Slotnick Center / NSSRA 1221 County Line Rd., Highland Park 60035

Fax: (847) 509-1177 • Email: registration@nssra.org

Online: register.nssra.org

For more information or with questions, contact Dani Czarnik at (847) 509-9400 x6830 or dczarnik@nssra.org.

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PARTICIPANT INFORMATION							
Participant's Name:			Age:	Grade: New Pa	rticipant? 🔲 Y	es 🗌 No	
Address:			_City:	Zip:			
Primary Contact Name/Phone:			Email:				
Primary Emergency Contact Name/Phone:							
Participant's Summer School/Work:				e:			
Summer School/Work Phone:	Sum	nmer Schoo	l Dismissal Time:				
Diagnosis:				☐ Participant Requires M	ledication During	g Program	
REGISTRATION INFORMATION							
Registra	tion is also a	available	e online at register.nssra	.org			
Program	Code	Fee	Program		Code	Fee	
Session 1 June 20 - 24	325002-01	\$263*	☐ Session 1 Transportation		325002-51	\$56	
Session 2 June 27 - July 1	325002-02	\$263*	☐ Session 2 Transportation		305002-52	\$56	
Session 3 July 5 - 8	325002-03	\$210*	☐ Session 3 Transportation		305002-53	\$45	
Session 4 July 11 - 15	325002-04	\$263*	Session 4 Transportation		305002-54	\$56	
Session 5 July 18 - 22	325002-05	\$263*	☐ Session 5 Transportation		305002-55	\$56	
Waiver and Release of All Claims Please read this form carefully and be aware in registering you injuries you or your minor child/ward might sustain arising of program, and I agree to assume the full risk of any injuries, deall activities connected with or associated with such program my child/ward may have as a result of participating in the program its officers, agents, servants, and employees from any and child/ward and arising out of, connected with, or in any way a officers, agents, servants, and employees from any and all clawith, or in any way associated with the activities of the programedical personnel any treatment deemed necessary for me of services rendered. I have read and fully understand the above	at of said program amages or loss re (including transpi gram against NSS d all claims from i ssociated with the ims resulting fror m. In the event of r my minor child/	n(s). I recogn gardless of ortation services. RA and its of injuries, dar e activities of m injuries, of f any emerg ward's imm	nize and acknowledge that there ar severity which I or my minor child/ vices and vehicle operation, when p officers, agents, servants, and empl mage or loss which I or my minor cl of the program. I further agree to in lamages, and losses sustained by r lency, I authorize NSSRA officials to rediate care and agree that I will be	e certain risks of physical in ward may sustain as a result provided). I agree to waive a oyees. I do hereby fully rele nild/ward may have or whicl demnify and hold harmless ne or my minor child/ward a secure from any licensed h responsible for payment of	jury to participan tof participating and relinquish all ease and discharg n may accrue to n and defend NSS arising out of, cor ospital, physiciar	its in a in any and claims I or ge NSSRA ne or my RA and its nnected n and or	
EACH REGISTRATION FORM MUST BE SIGNED*							
Participant/Parent/Guardian: *If registering by fax or electronically your facsimile or electronically	onic signature sha	Date: all substitut	e for and have the same legal effe	Please Print Name: ct as an original form signa	ture.		
PAYMENT INFORMATION: This Section M	Aust Be Con	npleted					
☐ If paying by check, please fill in your check number here:				OFFICE USE ON	OFFICE USE ONLY:		
☐ If you are using Mastercard, Visa, Discover or American Express, please complete the following section:				Registration (Complete		
Please check one: Mastercard Vi]AMEX				
Cardholder Name:							
CVV #: Exp. Date: Bill	ing Zip Code:		Amount of Charge: \$	Receipt #:			

Authorized Signature: ___