



Mark your calendars to join in the fun for **CSS Summer Camp 2026!**

June 6th-10th or July 13th-17th

The experienced staff of Summer Camp 2026 is excited to welcome another fun-filled summer! We are thrilled to offer a wide variety of engaging activities, including swimming, bowling, music classes, park play, and community tours throughout Effingham County. Join us for a summer of fun, friendship, and new experiences while seeing how CSS creates opportunities for campers to live, learn, work, and play every day!

Who is eligible?

Any child ages 7-21 who resides in Effingham County and receives special education services.

Camp Sessions:

Summer Camp 2026 will offer two exciting sessions. Please indicate your preferred session on the registration form. June 6th-10th or July 13th-17th

Note: Each session is limited to 24 campers.

Thanks to generous grants and additional funding, the only cost to families is transportation to and from designated pick-up locations. Lunch is provided daily.

If interested, please complete the attached form and return it by June 19th. An agenda will be emailed to you prior to July 1st.

Please feel free to call 217-663-8665 with any questions.



Scan the QR Code to
access the online
registration form.

Sincerely,

Michelle Niebrugge
CSS Summer Camp Director



Effingham County Summer Day Camp 2026 for Children in Special Education

Registration Form

Camper's Name _____

Home Address _____ City _____ State ____ Zip Code _____

Name of Parent/Guardian _____ Parent Email _____

Parent Phone Number _____ Shoe Size (for bowling) _____

Family Doctor _____ Phone Number _____

Current Prescriptions of the Camper

*On the reverse side, please share any information regarding your child's physical, mental, or emotional well-being that you believe would be helpful for us to know.

Emergency Contact (if parent or guardian cannot be contacted)

Name _____ Phone Number _____

Pick a session: _____ July 6th-10th or _____ July 13th-17th

_____ (please initial) I give permission for my child's photo/videos to be used by Community Support Systems for public relations/promotional purposes including but not limited to social media posts, newspaper, newsletter, and webpage.

In case of sickness or accident, I hereby give my consent to Community Support Systems to provide emergency care through a clinic, hospital or a private doctor for my child. (Note: We do have camper insurance for each child.)

Parent/Guardian Signature _____ Date _____

Please return to:
Summer Camp @ CSS
618 West Main, Teutopolis, IL 62467