



Mark your calendars to join in the fun for
CSS Summer Camp 2024

The dates for the 2023 summer camp are:
July 1, 2, 3, 5 OR July 8-12!!

The experienced staff for Summer Camp 2024 is excited that summer is near! **We are thrilled to offer activities, music, outings, park time, tours, and more at each session in and around Effingham County!** Join the celebration & see how CSS enhances opportunities to live, learn, work, & play, EVERYDAY!

Who is eligible? Any child aged 7-21 who resides in Effingham County and is enrolled in special education.

Summer Camp 2024 will have 2 different sessions to choose from!

Please pick which session you prefer on your registration form (Note: there is a limit of 24 campers per session.) Because of grants and other funding, the only cost to you is providing transportation to/from pick-up locations!

If interested, please complete the attached form and return it by June 14th.
An agenda will be mailed to you prior to June 27th.

Please feel free to call 217.663.8665 with any questions.

Sincerely,

Michelle Niebrugge
CSS Summer Camp Director



*CSS Summer Camp
2024*

Scan the QR Code for
the Effingham County
CSS Summer Camp
Online Registration!

Or go to
<https://forms.gle/uqX8Le6cskEFcfXk9>



**Effingham County
Summer Day Camp 2024
for Children in Special Education
(Sponsored by Community Support Systems)**

Registration Form

Camp Dates: July 1-3+5 OR July 8-12

Name _____

Email _____

Address (including city and zip) _____

Name of Parent/Guardian _____

Phone # _____ Shoe Size (for bowling) _____

Family Doctor _____ Phone # _____

Emergency Contact (if parent or guardian cannot be contacted):

Name _____ Phone # _____

Prescriptions your child is currently taking: _____

What else should we know about your child?

Pick a session: _____ July 1-3+5 or _____ July 8-12

***On the reverse side, please give us any information on your child's physical, mental, or emotional state which you feel we should know.**

_____ **(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**