



Mark your calendars to join in the fun for **CSS Summer Camp 2025!**

June 30th-July 3rd or July 7-11

The experienced staff for Summer Camp 2025 is excited that summer is near! **We are thrilled to offer activities such as swimming, bowling, music class, park play time, and tours in and around Effingham County!** Join the celebration of fun and 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 receives special education services.

Summer Camp 2025 is offering two exciting sessions to choose from!

Please indicate your preferred session on the registration form. (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 will be provided daily.

If interested, please complete the attached form and return it by June 13th. An agenda will be mailed to you prior to on June 23rd.

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

Sincerely,



Scan the QR Code to see a snapshot of the fun we had during

Michelle Niebrugge
CSS Summer Camp Director



Scan the QR Code to access the online registration form.



**Effingham County
Summer Day Camp 2025
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: _____ June 30th-July 3rd or _____ July 7th-11th

_____ **(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**