

Everyone Cares Camp 2025 Application

Part of the Chicago Central District Church of the Nazarene
Summer 2025 Camping Programs

Camp Dates: Monday, July 28th (10:00 AM) - Friday, Aug 1st (10:30 AM)

Registration Deadline: July 1st, 2025 or earlier if full.

Cost: \$425 per camper

Everyone Cares Camp is a camp specifically designed for people with intellectual and developmental disabilities. Outdoor activities and games are an exciting part of the week and campers must have some mobility to attend (able to walk short distances and transfer with minimal assistance). If you have questions about mobility requirements, please contact us prior to signing up. There is a 24/7 nurse on site, but cannot accommodate complex medical concerns such as feeding tubes. Camp is limited to the first 45 campers.

Camp is held at Streator Baptist Camp, 1259 N 1659th Rd. Streator, IL 61364. The restrooms are located in the cabins and all buildings have air conditioning. We also offer activities such as crafts, music, games, sports, a *Hey!* ride, and a bonfire. Special spiritual emphasis occurs during our chapel sessions.

Applications must be complete in order to be accepted. This includes contact information, ALL medication information, and full payment. A spot will not be reserved for your camper until all of this is received. Preference is given to campers still residing in the home of a parent/caregiver. Please contact us with any questions prior to submitting applications.

Directors: Sara Christensen and Jeremy Driscoll
Phone – 815-348-9811
Email – camp@eccamp.org

Streator Baptist Camp
Phone – (815) 672-0084
(for use during the week of camp only)

Please send Registrations directly to the Everyone Cares Camp Office:

Everyone Cares Camp
670 S. Rutledge
Kankakee, IL 60901

Please make checks payable to:
Chicago Central District

****Full payment is due at the time of registration. Refunds will be issued on a case-by-case basis minus a deposit of \$100 based on the situation.***

List of Essentials for Everyone Cares Camp (Please label all items with camper name)

- Adequate Footwear for Activities -Tennis Shoes & an extra pair (State Required)
- Modest Swimsuit and Beach towel
- Enough Clothing for a Week of Camping
- Jacket/Sweatshirt
- Sleeping Bag or Blankets, Pillow
- Twin Size Sheet to Cover Mattress (State Required)
- Toiletries & Shower Supplies
- 2 Towels (one for swimming, one for showers)
- Flashlight, Bible, Pen
- SUNSCREEN AND BUG SPRAY
- Water bottle

NOT ALLOWED:

Extra money (snacks are provided), Electronics beyond something for picture taking. EC Camp is NOT responsible for lost, broken, or damaged items.

***Please contact us with questions regarding mobility or hygiene assistance prior to signing up.**

CAMPER APPLICATION 2025

Camper Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Is this a group home or assisted living? Y / N Gender: M or F Age: _____

Date of Birth: _____ Church: _____ Bunkmate Preference: _____

T-Shirt (adult sizes): S M L XL XXL 3XL 4XL

PRIMARY CONTACT (Parent(s) or caregiver) Name: _____

Home #: _____ Cell: _____ Email: _____

Secondary Emergency Contact person, phone number in case primary cannot be reached.

Name: _____ Phone: _____

Describe morning or nighttime routines for camper (singing, story, brushing teeth, any specific routine).

List anything that frustrates camper: _____

List anything that cheers up camper: _____

Campers should be able to perform **all** basic hygiene tasks with minimal assistance/prompting. **We can not assist**

with toileting. Areas that camper may need assistance: Brushing teeth (toothpaste) Shaving

showering/(soaping/rinsing hair) Bathroom breaks Combing hair changing clothes / tying shoes

Does camper use disposable underwear at night? Please circle: Y / N ?

Please send the appropriate size and approximate number needed for the week -2 per night. Size: _____

Is the camper allergic to any medication? Yes No

If yes, please specify: _____

Dietary Restrictions/Allergies: Please list any dietary restrictions camper may have (allergies or dislikes)

Milk Eggs Caffeine Peanuts/tree nuts Chocolate Gluten

Other _____

Should the camper be restricted in any camp activity? Yes No If yes, how so? _____

Camper's Last Name: _____ First Name: _____ Middle Name: _____

Please list camper's current diagnoses to best help us meet your camper's needs. (Cerebral Palsy, Down Syndrome, Diabetes, Asthma, Epilepsy, Heart, Vision, Hearing, Allergies, etc.)

Is the camper under treatment or medication now by a physician, psychiatrist, etc? Yes No

Camper's physician: _____ Phone: _____

NOTE: Any medications sent to camp must in the original RX with the physician's name and administration instructions on the bottle. Medications must be given to the Camp Nurse and reviewed at check-in.

I hereby authorize the Camp Nurse to administer Tylenol and/or cough medicine if required:

Please initial _____ Yes No

I hereby authorize the Camp Nurse to administer oxygen if available and required:

Please initial _____ Yes No

Please list all camper medications and dosages. Other medical forms are available online at eccamp.org under camper application. You may also attach a medical data sheet if this is easier. or print out instructions
It is CRUCIAL THAT WE RECEIVE MEDICATION INFORMATION IN ADVANCE AS MUCH AS POSSIBLE! We understand that medications can change between application submission and arrival, but this helps us prepare for camp!

Medication:	Route: oral topical other Please specify:	Notes: (daily, PRN, etc)
Time:	Dosage:	

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Camper's Last Name: _____ First Name: _____ Middle Name: _____

INSURANCE INFORMATION

INSURANCE: Parents' insurance will be the primary carrier. The district insurance is secondary and will cover only needs other than pre-existing conditions.

Insurance Company: _____ Insurance Carrier Phone number: _____

Policy #: _____ Plan I.D. #: _____

IN CASE OF EMERGENCY

In case of an emergency, I hereby give my permission to the Chicago Central District to hospitalize, secure treatment for, and order injections, anesthesia, and/or surgery for the camper named above if I cannot be reached.

Signature of Parent or Guardian _____ Date: _____

In case of an emergency, please notify: _____ Phone: _____

Date of last Tetanus shot: _____

NOTE: If the Camp Directors determine a camper can't meet their own personal needs, a parent or guardian will be called to come help, assist or take the camper home.

IMPORTANT: Parent / Guardian Approvals & Refusals APPROVAL

Approval of Parent/Guardian & Waiver of Claim

I hereby approve the participation of my camper in the Chicago Central District Summer Camps programs. I waive any and all claims against the same, or any of its Boards of Representatives, because of injuries or other damages incurred to the camper or camper's property in connection with the CCD Summer Camping Program at various camping facilities. I hereby give permission to the Chicago Central District to secure emergency medical and surgical treatment for my camper while attending camp if I cannot be reached.

Name of Camper: _____

Signature of Parent/Guardian: _____ Date: _____

Names of Parent/Guardian: (Please print): _____

REFUSALS

NOTE: Refusals should only be signed if you are denying permission for the stated activity; leaving it blank will authorize permission. Therefore, be sure to read the refusal below carefully.

REFUSAL: Use of Images in Promotional Materials

Everyone Cares Camp occasionally uses photos and videos taken at our camp in our publications, media presentations, and on our website. Submitting this camp application indicates that you give the Chicago Central District permission to use photos or videos of your child for these purposes. However, if you don't give such permission to the Chicago Central District please sign here:

_____ (Leave blank if you give permission.)