

AMBUCS
SUMMER DAY CAMP
2011

WHAT: A weeklong day camp for any child or young adult ages 5 - 21. The camper must have a specific disability: cognitive disability, orthopedic impairment, visually impaired, hearing impaired, multiple disabilities or Autism). Young adults age 11 - 21 are not eligible to attend if their primary disability is learning disabled.

WHEN: Camp will run in two one-week sessions. The first session will run from July 25 - 30, for campers aged 5 - 10. The second session will run from August 1-6 for campers aged 11 - 21. Camp hours are 9:00 a.m. to 3:00 p.m. daily. **CAMPERS MUST ATTEND THE AGE APPROPRIATE SESSION.** Activities are geared toward specific age levels.

WHERE: Camp headquarters will be the Gao Grotto located on Denmark Road, Danville. Camp activities will take the campers many places throughout the Danville Area.

MEALS: Lunch and snacks will be provided daily. Please do not send food or drinks with your child, unless they require a special diet.

WEEKEND TRIP: There will be an overnight sleepover provided for the campers. Week 1 campers will sleepover on Friday, July 29 and return home Saturday morning, July 30. Week 2 campers will sleepover on Friday, August 5 and return home Saturday morning, August 6. Information regarding the camp out will be sent home with your child during his/her week of camp.

MEDICAL CONCERNS: A nurse is provided to dispense medicine and to deal with minor healthcare needs. Any camper with extra-ordinary medical requirements must have those needs met by professional medical personnel other than the camp nurse. Those personnel will be provided at the expense of parents/guardians.

TRANSPORTATION: Transportation will be provided by bus. Pick-up and drop-off points will be located throughout Danville and surrounding areas.

COST: This camp is provided free of charge. Proceeds from the AMBUCS Annual Home Show and the Annual Children with Disabilities Raffle held in October provide the funding for this camp.

DEADLINE FOR APPLICATION: Applications must be submitted by:

July 1, 2011

To request an application or for more information call: Lori Lyons 469-7633

Name_____

Address_____

City_____ Zip_____ Phone_____

Birth Date_____ Age_____ School_____

Name of Parent or Guardian_____

Name, Address, and Phone number of two persons to be notified in case of emergency:

1._____

2._____

Special needs and/or disability of camper (e.g. uses wheelchair, behavior problems, uses sign language, visually impaired, hearing impaired, EMH, TMH, learning disabled, or any other information you feel would be beneficial)

Shirt size (circle) Adult S M L XL XXL Youth M L

BUS PICK UP AND DROP OFF POINTS: Please circle the location that is most convenient for your child to meet the bus OR indicate if you will be bringing your child each day.

Catlin IGA

Big Lots

Georgetown Foods IGA

First Student Bus Garage

Westville High School
(South Parking Lot - Main Office)

Batestown Bargain Mart Outlet
(Batestown Road)

HillBilly Meat Shop
(Georgetown Road)

Save-A-Lot (East Main St.)

DACC Parking Lot

Heavenly Square

Danville Rescue Mission

Parents drop off and pick up
at the Grotto

Please indicate other bus stops that we could consider: _____

Allergies: _____

MEDICATION: Please fill out medication permission slip.

MEDICATION ADMINISTRATION PERMISSION FORM

I request that the AMBUCS Camp Nurse administer the following medications to my child:

<u>Name of Medicine</u>	<u>Dosage</u>	<u>Time</u>

I certify that this is a prescription that I would normally give my child at home.

Signature of parent or guardian

Prescribing Physician's Name: _____

Physician's Phone Number: _____

I give permission for my child to participate in all the camp activities.

Signature of parent or guardian

***I give permission for my child to be photographed participating in camp activities.

Signature of parent or guardian

Please return this application by July 1 to: **Lori Lyons**
1957 CR 1700 N
Urbana, IL 61802

