

# Explore & Excel Therapeutic Day Camp

*For children of all abilities!*

Sponsored by



in collaboration with the **Effingham Park District**

**Hours:** 8:00 AM-12:00 PM

**Location:** Ron Diehl Center, 1906 S. Fourth St, Effingham

**Ages:** 4-8 year olds \*\*\*All children must be toilet trained

**Offered three different weeks:**

**June 11th-15th** Theme: Camping/Nature

**July 9th-13th** Theme: Animals

**August 6th-10th** Theme: Ocean/Beach

*Spaces are limited*

**Cost:** \$30/day per child

\*\*\*due to possible food allergies & special diets, snack will not be included; however, snacks are encouraged to be sent by parent(s) for their child



Activities include Arts and Crafts, Outdoor Physical activities, Social Skills opportunities, and much more. All activities are based on the principles of Applied Behavior Analysis (ABA).

\*\*\*Staff will be trained in ABA principles and will have experience working with children with special needs.



To register, please fill out the attached registration form & return it, with a **check made payable to ABA of Illinois**, to the Effingham Park District

For more information regarding the summer camp, please send an email to

[nschultz@abaofillinois.org](mailto:nschultz@abaofillinois.org)

*Trainings/support groups for parents of children with autism & other developmental disabilities coming to the area in the near future*

# 2018 *Explore and Excel* Therapeutic Day Camp REGISTRATION FORM

Please print and fill out this form in its entirety. If you are registering more than one child for the same week, you may put both names on the same form.

If you are registering more than one child for a different week, please complete two separate forms.

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address with city & zip code: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Phone (1) \_\_\_\_\_ (2) \_\_\_\_\_

Email address: \_\_\_\_\_

**In the unlikely case of an emergency and the parent(s) cannot be reached, who should we contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relation to child: \_\_\_\_\_

## PLEASE NOTE:

1. Your child must be fully toilet trained to participate in this program.
2. We will not be able to administer scheduled medication while your child is attending.

Please indicate below which week(s) you would like to register your child for by checking the boxes.

\_\_\_\_\_ Week 1: **June 11-June 15** Theme: Camping/Nature

Times for all camps: **8:00 AM-12:00 PM**

\_\_\_\_\_ Week 2: **July 9-13** Theme: Animals

Cost for all camps: **\$30/day per child**

\_\_\_\_\_ Week 3: **August 6-10** Theme: Beach

***scholarships are available for those who qualify***

## Payment options:

\_\_\_\_\_ Cash Amount \$ \_\_\_\_\_

\_\_\_\_\_ Check made payable to **ABA of Illinois** Amount \$ \_\_\_\_\_

**Registration & payment are due  
by May 15, 2018**

***spaces are limited for each week***

Please contact Nola at [nschultz@abaofillinois.org](mailto:nschultz@abaofillinois.org) if you have any questions

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