

Camp Read & Camp Math

Hawaiian Hulaabaloo

Camp Read: July 8th – 19th

Camp Math: July 22nd – 26th

8:30 – 11:30 A.M.

725 School Street, Morris

FOR MORE INFORMATION VISIT

WWW.GRUNDYSPECIALED.ORG

or contact Camp Director

Stephanie Benson

sbenson@grundyspecialled.org

815.942.5780 ex 5029



Camp Read & Camp Math

Who? Students who reside in Grundy County with active IEPs and select students involved in the RtI process who are entering grades 1st - 8th (current Kindergarten - 7th graders)

What? **Camp Read:** A 10-day morning camp to give your child a boost in reading skills and increase your child's interest in reading.

Camp Math: A 5-day morning camp to review basic math skills and develop math strategies

When? **Camp Read** July 8th– July 19th

8:30 - 11:30 a.m.

Camp Math July 22nd – July 26th

8:30 - 11:30 a.m.

Where? 725 School Street, Morris

*Transportation NOT provided

Why? Camps are designed with activities to improve skills and build interest in math and reading

Cost? \$35 per camper for Camp Math

\$70 per camper for Camp Read

*Reduced rate may be available for those who qualify.



Camp Application

Two Ways to apply:

1. Complete application online at www.grundyspecialled.org
2. Complete application and mail to GCSEC, 725 School St., Morris, IL 60450 by May 17th.
3. Make checks payable to GCSEC Summer Camps or pay online at www.grundyspecialled.org
4. Fill out one application per child.

Camper Info

Camper's Name: _____ Current ('18-'19) Grade: _____

Current School: _____

My child will be attending:

My child has:

_____ Camp Math

_____ an active IEP

_____ Camp Read

_____ is involved in the RtI process

List any **health information** we may need to know. Examples: allergic to bee stings, asthmatic, uses an inhaler, food allergies.

Emergency contacts: please give two:

Name: _____ Phone Number: _____ (H, C, W)

Relationship to Camper (ex. Aunt, Grandpa, babysitter): _____

Name: _____ Phone Number: _____ (H, C, W)

Relationship to Camper (ex. Aunt, Grandpa, babysitter): _____

Please select a **t-shirt size** for your camper. (Circle one)

Youth sizes: YS YM YL Adult Sizes: S M L XL

Photo Release: As a parent or guardian of this child I hereby consent to the use of photographs/videotape taken during the camp for promotional and educational purposes.

_____ I consent to use of photos in educational presentations. (not online)

_____ I consent to use of photos on Grundy County Special Education social media sites.

_____ I do not consent to my child's photograph being used.

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____

Please Print Address: _____

Phone: _____ (H, C, W) Phone: _____ (H, C, W)

Email: _____

Camp Scholarship Application

Scholarships are limited and subject to verification with school personnel. Any questions please call 815.942.5780 ex 5029.

Campers Name: _____

Current Grade: _____

Current School: _____

Parent/Guardian Name: _____

Phone: _____

Email: _____

____ My Child qualifies for free & reduced lunch at this time.*

-or-

____ Please consider my child for scholarship for the reason stated below.

**accepted scholarships will result in a reduced camp tuition.

