

# Camp Read & Camp Math Hawaiian Hula Baloo

**Camp Read:** July 8<sup>th</sup> - 19<sup>th</sup>

**Camp Math:** July 22<sup>nd</sup> - 26<sup>th</sup>

8:30 - 11:30 A.M.

725 School Street, Morris

FOR MORE INFORMATION VISIT  
[WWW.GRUNDYSPECIALED.ORG](http://WWW.GRUNDYSPECIALED.ORG)

or contact Camp Director

Stephanie Benson

[sbenson@grundyspecialled.org](mailto: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 1<sup>st</sup> - 8<sup>th</sup> (current Kindergarten - 7<sup>th</sup> 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 8<sup>th</sup>- July 19<sup>th</sup>  
8:30 - 11:30 a.m.

**Camp Math** July 22<sup>nd</sup> - July 26<sup>th</sup>  
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](http://www.grundyspecialled.org)
2. Complete application and mail to GCSEC, 725 School St., Morris, IL 60450 by May 17<sup>th</sup>.
3. Make checks payable to GCSEC Summer Camps or pay online at [www.grundyspecialled.org](http://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:

\_\_\_\_\_ Camp Math

\_\_\_\_\_ Camp Read

My child has:

\_\_\_\_\_ an active IEP

\_\_\_\_\_ 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.

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

