

TREASURE YOUR SUMMER

at the FVSRA Summer Day Camp.

Summer camps designed for children and teens with disabilities.



FVSRA





WELCOME to Fox Valley Special Recreation Association Summer Day Camp! I am excited to share my passion and love for day camp with you this year. Our Summer Day Camp program has played a large role in the lives of countless campers, counselors and families each year. Our campers and counselors return each summer to learn, laugh, play and grow.

At FVSRA, we strive to be a safe place both physically and emotionally, where campers can explore new skills with confidence. Because safety is a fundamental part of our camp, our camper-to-counselor ratio is based on the campers'. This personalized attention offers a great recreation experience for each camper. Leadership Team members are present at all activities to bring professional experience and supervision to each aspect of camp.

All Summer Day Camp staff members complete extensive and ongoing trainings in behavior management and adaptive camp programming. FVSRA is committed to providing an environment that is safe and fun while nurturing and developing social skills, motor skills and community awareness. This summer, campers can expect activities to include sports, camp crafts, swimming, field trips and countless other activities.

Please note, most communication during the camp season will be done via email. This will include a follow-up after initial registration, the camper information packet, newsletters throughout the summer and any other reminders or notices. **Please make sure an active email address is assigned to your online registration account.**

The camper packet, newsletters and staff biographies can be found on our FVSRA website. You can also find a wealth of other information regarding FVSRA programs and services.

I'm excited for another great summer and treasure every moment!

Sincerely,



Claire Howes, CTRS

School Services & Day Camp Manager
ClaireH@FVSRA.org or 630-907-1114

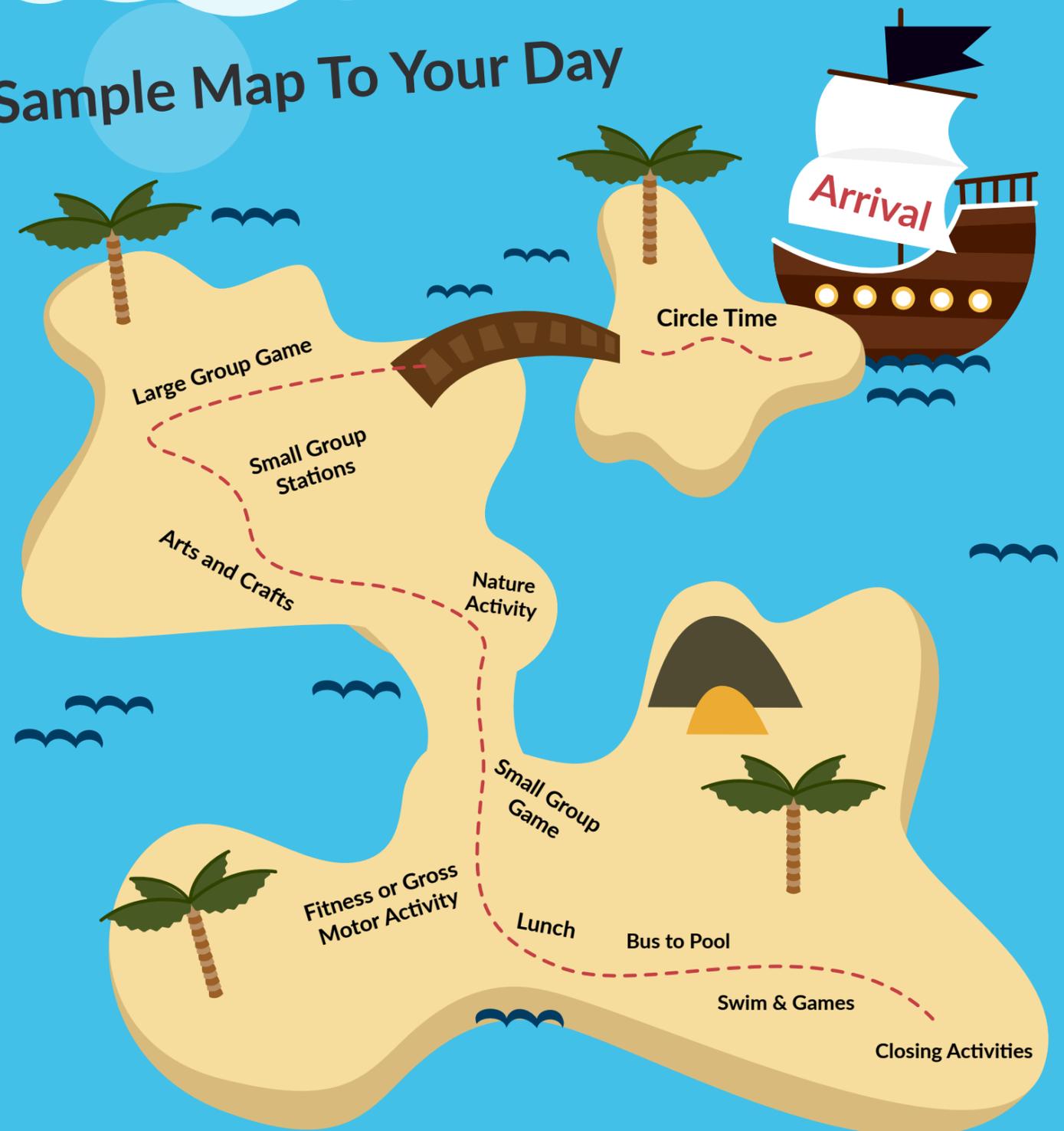
Camp Dates

June 10th-August 1st
Monday-Thursday

No Camp July 1st-4th
(Check Out Mid-Summer Mini Camp)

Parent Open House
Friday, June 7, 2019
4:00-6:00 PM at camp site

Sample Map To Your Day



GENERAL INFORMATION

Five day camps have been planned to serve children and young adults with special needs, ages 3 through 22. The camps are organized by age and ability groups with a wide variety of activities planned for each site. Each camp site location has an indoor facility to assure no camp cancellations due to adverse weather conditions.

Weekly themes are incorporated into each of the camps to offer a variety of leisure and fitness activities that include sports, games, nature, drama, music, adventure activities, arts and crafts, swimming, visits from special guests and special events. We are now offering weekly fieldtrips at each campsite!

FVSRA Day Camp Offers

Leisure Activities	A Chance to Make a Difference
Caring and Creative Staff	Opportunities for Exploration
Physical and Psychological Safety	Socialization and New Friends
A Structured Environment	Life Skill Development
Community Integration	Physical Fitness and Outdoor Play

Camper Meet and Greet

An Open House is offered for both parents and campers. Meet the camp staff who will be working with your child and tour the camp site. At this time, parents are encouraged to share information regarding any special needs of their child. Camper Meet and Greet takes place Friday, June 7 from 4:00-6:00pm at camp site locations.

Please note: If your child has personal needs that require additional training for the camp staff, please schedule an appointment with the Camp Site Director through Claire Howes, Day Camp Manager.

Camper Packet

A detailed list of camp information including a calendar of events, field trip information, guidelines and reminders about camp procedures will be available online at FVSRA.org.



Staffing Ratio and Requirements

An average ratio of 1 staff to every 3 campers is maintained at campsites. The ratio may vary according to the abilities and functioning levels of the campers. Some campers may require a higher ratio, such as 1:1 or 1:2. By granting permission on the summer day camp registration form for FVSRA to contact your child's teacher, FVSRA will be able to gain additional valuable information to best assess your child's needs. All day camp staff participate in an extensive orientation which prepares them to meet the specific needs of each camper. FVSRA maintains the right to determine final staffing ratios.

Site Directors are typically college graduates or upperclassmen in the field of Therapeutic Recreation, Special Education or a related field. The Site Directors are the on-site supervisors of the program and must have Handle with Care Training, CPR and First Aid Certification.

Day camp staffers are teachers, teacher assistants, college graduates, and collegians working on degrees in Therapeutic Recreation, Special Education, Adaptive Physical Education or a related field, as well as mature high school students. Staff may work one-on-one with a camper or may be responsible for a group of campers.

Dispensing of Medication

If a camper needs to receive medication during camp hours, the permission to dispense form must be submitted to the FVSRA office by Friday, May 24th for review. If approved, medication must be delivered to the Site Director on-site at your child's campsite in individually sealed medication envelopes, which include the camper's name, medication, dosage, and time of day the medication is to be given to the camper. The permission to dispense can be found at FVSRA.org/forms.

Lunch and Snack

Each camper must provide their own labeled snack, sack lunch and beverage daily. Please provide a labeled water bottle.

Behavior Management Policy

All participants, patrons and spectators are expected to exhibit appropriate behavior at all times. The following guidelines have been developed to help make programs safe and enjoyable for all. Additional rules may be developed for specific programs as deemed necessary by staff. The agency insists that all participants, patrons and spectators comply with the following FVSRA Code of Conduct:

- Show respect to all participants, staff, volunteers, and patrons
- Refrain from using abusive or foul language.
- Refrain from threatening or causing bodily harm to self, other participants, patrons, or staff.
- Show respect for equipment, supplies, and facilities.
- Not possess any weapons.

A positive approach will be used regarding discipline. If inappropriate behavior occurs, a prompt resolution will be sought specific to each individual's situation. The agency reserves the right to dismiss a participant, patron, or spectator whose behavior endangers his or her own safety or the safety of others. If a participant is suspended from FVSRA programs, a meeting with the Superintendent of Recreation, the participant and their guardian will be scheduled to determine the requirements to return to FVSRA programs.

Registration

Each camp is limited to a maximum number of campers. Early registration is important for acceptance to camp. Registrations will be processed on a first-come, first-serve basis, with preference given to campers residing within the FVSRA boundaries.

Register up front for all seven weeks and receive additional savings!

.....

Early Bird Registration Ends: Monday, April 29th

Regular Registration Ends: Monday, May 20th

.....

Payment in full must be received at time of registration. To apply for financial assistance, please see scholarship information below. Payment plans are available when registering for all 7 weeks only. Payment for individual weeks is required at the time of registration.

- Register through April 29th to receive the Early Bird Discount (\$30 reduction in camp fee per week).
- Regular registration deadline is May 20th.
- To add additional weeks, campers must register at least 10 days prior to starting camp in order to ensure the overall safety and success of the camp experience.
- Participants may enroll by the week, a combination of weeks or all seven weeks.
- Please note that resident camper registrations take priority over non-resident registrations.
- Non-resident registrations will be processed when non-resident registration opens on April 8, 2019.
- Register carefully! In the event that it is necessary to alter a camp registration after it has been received at FVSRA, there may be a \$5 charge for any change to the registration.

Scholarship Information

Resident Scholarships

FVSRA has limited scholarship funds available for FVSRA residents who meet eligibility requirements.

American Camp Association Scholarships (ACA)

FVSRA may also have limited ACA Day Camp Scholarships available on a first-come, first-serve basis. A separate scholarship form is required to be evaluated for this scholarship.

How to Apply

Forms are available at www.fvsra.org/forms.



CAMPERS 3-6 YEARS OLD

Little Stars

8:30am-2:00pm

Pottawatomie Community Center, St. Charles
Swimming Facility: Swanson Pool (T/TH)

Staff at Camp Little Stars structure camp keeping in mind that younger children learn best through direct sensory encounters with their world and by manipulating, exploring and experimenting. A consistent schedule is followed from day to day, allowing campers to build trust in the environment as they learn a basic sense of time; recognizing what comes first in the day, second, next and last. Summer day camp activities include a combination of both passive and active activities in group and individual play settings. Arts and crafts, creative drama, games, music, sports and swimming are all part of the summer day camp experience designed to promote use and growth of cognitive, physical, communication and social skills. Outings and special guests are planned to enrich community awareness and experience new recreation opportunities.



CAMPERS 7-12 YEARS OLD

CAMPERS 13-22 YEARS OLD

Rising Stars

9:00am-2:30pm

Rotolo Middle School, Batavia
Swimming Facility: Sunset Pool (T/TH)

Intended for campers ages 7-12 in the northern FVSRA service area (South Elgin, St. Charles, Geneva and Batavia).

Shining Stars

8:30am-2:00pm

Old Traugher Jr. High School, Oswego
Swimming Facility: Civic Center Pool (T/TH)

Intended for campers ages 7-12 in the southern FVSRA service area (Oswegoland, Sugar Grove and Fox Valley area).

All Stars

9:00am-2:30pm

Persinger Center, Geneva
Swimming Facility: Sunset Pool (M/W)

Intended for campers ages 13-22 in the northern FVSRA service area (South Elgin, St. Charles, Geneva and Batavia).

Rock Stars

9:00am-2:30pm

McDole Elementary School, Montgomery
Swimming Facility: Splash Country (M/W)

Intended for campers ages 13-22 in the southern FVSRA service area (Oswegoland, Sugar Grove and Fox Valley area).

Camp Rising and Shining Stars allow campers to become more independent while building self-esteem and confidence in their abilities. Each camper will participate in a diverse set of age-appropriate activities that develop and build skills through leisure. Staff encourage campers to participate in every planned activity using creative motivational tools and lead the group with fun, rewarding games.

Campers will fulfill certain rotating responsibilities such as line leaders, lunch clean-up and team leaders. Staff focus on positive reinforcement in a non-competitive environment, coordinating activities that are intrinsically rewarding including: creative arts, dance, movement and sports skills. A focus on team building and collaboration are implemented during team sports and games at the camp site, and while at the pool.

Camp provides an environment to make friends, lower social anxiety and develop peer relationships. Planned activities challenge campers to try new things and gain new skills. These activities include: adventure exploration, environmental awareness and the promotion of problem solving and physical skills. Playing an active role in the community during outings offers a chance to cultivate social skills. Additionally, swimming safety and skill-based games make trips to the pool safe and successful for everyone!



Check out the new FVSRA Sensory Room

Call the office to set up a tour and/or private sessions

FVSRA's new Sensory Room is a controlled multi-sensory environment that provides opportunities for participants to engage senses through various stimuli such as lights, color, sounds, aromas and textures.

Sensory Room Benefits

- Relaxation
- Stimulation
- Cognitive Development
- Motor Development
- Decision Making
- Communication



Dates: M-W/ July 1-3/ 9:00am-3:00pm

3-12 years: Rotolo Middle School, Batavia

13-22 years: McDole Elementary, Montgomery

Keep up with your camp friends during the break by joining Mid-Summer Mini Camp! Days will mimic a summer day camp structure with similar staff and activities. Campers will swim 2 days and visit a local attraction on a field trip 1 day. Transportation is offered for this program from your local community.

To register for Mini Camp (the week Summer Day Camp is off), visit fvsra.org/registration or contact Kendall McEvely at KendallM@fvsra.org or 630-907-1114

FVSRA Summer Day Camp 2019 Registration Form

BE SURE TO COMPLETE AND SIGN THE OTHER SIDE OF THIS FORM.

Participant Name: _____ Age: _____

Please CHECK Camp		For Office Use ONLY				
Camp Name		Sch Awd	D/C/N	Date	Ck#	Amt
<input type="checkbox"/> Little Stars (3-6 years)						
<input type="checkbox"/> Rising Stars (7-12 years)	<input type="checkbox"/> Shining Stars (7-12 years)					
<input type="checkbox"/> All Stars (13-22 years)	<input type="checkbox"/> Rock Stars (13-22 years)					

Please CIRCLE registration choice(s) Campers must register at least 10 days prior to starting camp to ensure safety needs and by May 27th for Week 1.

Camp Week	Resident Fees		Non-Resident Fees	
	Early Bird (Through April 29th)	Regular Fees (Begin April 30th)	Early Bird (Through April 29th)	Regular Fees (Begin April 30th)
All 7 Weeks (June 10 - August 1)	\$930	\$1,140	\$1,395	\$1,710
Week 1 (June 10 - 13)	\$140	\$170	\$210	\$255
Week 2 (June 17 - 20)	\$140	\$170	\$210	\$255
Week 3 (June 24 - 27)	\$140	\$170	\$210	\$255
<i>No Camp the Week of July 4th</i>				
Week 4 (July 8 - 11)	\$140	\$170	\$210	\$255
Week 5 (July 15 - 18)	\$140	\$170	\$210	\$255
Week 6 (July 22 - 25)	\$140	\$170	\$210	\$255
Week 7 (July 29 - August 1)	\$140	\$170	\$210	\$255

Payment plans are available when registering for all 7 weeks of camp if registering online. If you would like to request a payment plan for individual weeks, please contact the office for review of eligibility. Payment for individual weeks is required at the time of registration.

Does your child utilize any special accommodations or equipment while using school transportation due to physical, emotional or behavioral needs that would be helpful during swim and field trips:

Yes No If yes, please describe: _____

PAYMENT — PAYMENT IN FULL IS REQUIRED FOR REGISTRATION. Total Camp Fees Due: _____

IF PAYING BY CREDIT CARD: Visa MasterCard Discover Amex

Credit Card Number: _____ Expiration Date: _____ CVV: _____

Card Holder Signature: _____

(REQUIRED for credit card payment)

I grant FVSRA permission to contact participant's teacher.

School Name: _____

Teacher Name: _____

Phone #: _____ Email: _____

T-Shirt Size:

<input type="checkbox"/> Adult	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> LG	<input type="checkbox"/> XLG	<input type="checkbox"/> 2XL	<input type="checkbox"/> 3XL	<input type="checkbox"/> 4XL
<input type="checkbox"/> Child	<input type="checkbox"/> Sm	<input type="checkbox"/> Med	<input type="checkbox"/> LG				

Annual Information Form

Form Valid March 1, 2019 - May 31, 2020

FVSRA Summer Day Camp 2019 Registration Waiver

Fox Valley Special Recreation Association
2121 W. Indian Trail • Aurora, IL 60506
Ph: 630.907.1114 • F: 630.907.1116 • FVSRA.org

Participant Name: _____ Age: _____ Birthdate: _____ Sex: _____ Ethnicity: _____
(for statistical purposes)

Home Address: _____ City: _____ Park District: _____ Zip: _____

Primary Home #: _____

Father/Guardian Name: _____ Cell #: _____ Work #: _____

Mother/Guardian Name: _____ Cell #: _____ Work #: _____

I would like to receive FVSRA program and news updates via email. Email Address (print clearly): _____

I would like to donate to the FVSR Foundation. Please accept my donation of \$ _____

Is this a new address? Yes No Will participant be responsible for self-medication? Yes No

Is this a new phone number? Yes No Will staff need to administer medication? Yes No

Is this a new participant? Yes No Is participant requesting a scholarship? Yes No

Online registration deadline is Friday, May 20th.

IMPORTANT INFORMATION

The Fox Valley Special Recreation Association (FVSRA) is committed to conducting its recreation programs and activities in a safe manner and holds the safety of participants in high regard. The FVSRA continually strives to reduce such risks and insists that all participants follow safety rules and instructions that are designed to protect the participants' safety. However, participants and parents/guardians of minors registering for this program/activity must recognize that there is an inherent risk of injury when choosing to participate in recreational activities.

You are solely responsible for determining if you or your minor child/ward are physically fit and/or skilled for the activities contemplated by this agreement. It is always advisable, especially if the participant is pregnant, disabled in any way, or recently suffered an illness, injury, or impairment, to consult a physician before undertaking any physical activity.

WARNING OF RISK

Recreational activities/programs are intended to challenge and engage the physical, mental, and emotional resources of each participant. Despite careful and proper preparation, instruction, medical advice, conditioning, and equipment, there is still a risk of serious injury when participating in any recreational activity/program. All hazards and dangers cannot be foreseen. Depending on the particular activity, certain risks, dangers and injuries may exist due to inclement weather, slips and falls, poor skill level or conditioning, carelessness, horseplay, unsportsmanlike conduct, premises defects, inadequate or defective equipment, inadequate supervision, instructive or officiating, and other risks inherent to the particular activity. IN this regard, it is impossible for FVSRA to guarantee absolute safety.

WAIVER AND RELEASE OF ALL CLAIMS AND ASSUMPTION OF RISK

Please read this form carefully and be aware that in signing it and participating in the FVSRA Summer Day Camp 2019 activities, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or losses which you or your minor child/ward might sustain as a result of participating in any and all activities connected with and associated with this program/activity (including transportation services/vehicle operation, when provided).

I recognize and acknowledge that there are certain risks of physical injury to participants in this program/activity, and I voluntarily agree to assume that full risk of any and all injuries, damages or loss, regardless of severity, that my minor child/ward or I may sustain as a result of said participation. I further agree to waive and relinquish all claims I or my minor child/ward may have (or accrue to me or my child/ward) as a result of participating in this program/activity against the FVSRA, including its officials, agents, volunteers and employees (hereinafter collectively referred as "FVSRA").

I understand the FVSRA may photograph/videotape the events or activity in which I am (or my child/ward is) participating. I give my permission for the FVSRA to use photographs or videotape of me (or my child/ward) for the purpose of promoting the FVSRA and its services/programs. I give my permission with the following understanding: No compensation of any kind will be paid to me (or my child/ward) at this time or in the future for the use of my (or my child/ward's) likeness.

If extenuating circumstances prohibit the use of my (or my child/ward's) likeness, please circle the following: **No Photo.**

In the event of an emergency, I understand and authorize FVSRA staff and officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for immediate care for myself or minor child/ward and agree that I will be responsible for payment of any and all medical services rendered.

I have read and fully understand the above Important Information, Warning of Risk, Waiver, Assumption of Risk, and Release of All Claim. If registering a minor participant, I further attest that I have read the above to my minor child/ward. If registering by fax, your facsimile signature shall substitute for and have the same legal effect as an original form signature.

NOTE: When registering by FAX, it is mutually understood that the facsimile registration document (including the Waiver & Release of All Claims) shall substitute for, and have the same legal effect, as the original form.

REQUIRED	Sign & Date Waiver Here
	 Participant's Name: _____ Date: _____ <small>(Print)</small>
	Participant's Signature: X _____ <small>(18 years or older or Parent/Guardian)</small>
PARTICIPATION WILL BE DENIED IF THE SIGNATURE OF ADULT PARTICIPANT OR PARENT/GUARDIAN IS NOT ON THIS WAIVER.	

General Information

Participant Information PLEASE COMPLETE EACH SECTION AND PRINT CLEARLY

Name _____ Age _____ Birthdate _____ Sex _____ Ethnicity _____
for statistical purposes

Home Address _____ City _____ State _____ Zip _____

Phone # _____ Park District _____ Township _____

Residency Type: With family Group Home On own T-shirt Size _____ Shoe Size _____

Main Contact Information PRINT CLEARLY

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____

Home # _____ E-mail _____ Employer _____

Secondary Contact Information

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____

Home # _____ E-mail _____ Employer _____

Additional Contact Information

Name _____ Relationship _____ Cell # _____ Mobile Carrier _____

Home # _____ E-mail _____ Employer _____

Who should FVSRA contact for program information _____ Participant is own guardian Yes No

Medical Information

Disability Information PLEASE INDICATE PRIMARY DISABILITY WITH A "1" AND SECONDARY WITH A "2."

ADD/ADHD Epilepsy Physical Disability None

Autism Spectrum Disorder Hearing Impairment Speech/Language Disorder

Behavior Disorder Intellectual Disability Traumatic Brain Injury

Cerebral Palsy Learning Disability Visual Impairment

Down Syndrome Mental Illness Other _____

Atlanto Axial Instability? If participant has Down Syndrome, does s/he have Atlanto Axial instability diagnosis? N/A No Yes

Surgeries? Has participant had any injuries or surgeries in the past year? No Yes (please describe) _____

Wheelchair? No Yes (If participant uses a wheelchair, a Participant Transfer Plan must be completed.)

Seizures? No Yes (please attach seizure information sheet)

G-Tube? No Yes (If participant has a G-Tube, a G-Tube Procedures form must be created and approved by the FVSRA Superintendent)

Allergies? No Yes (please describe) _____

Shunts? No Yes (please describe) _____

Dietary Needs? No Yes (please describe) _____

Diabetes? No Yes (please describe) _____

May Participant Consume Alcohol? No Yes

(Please describe the type and quantity permitted. Please note FVSRA has a two drink maximum.) _____

REQUIRED Medication PLEASE LIST ALL MEDICATIONS PARTICIPANT IS TAKING, EVEN IF IT WILL NOT BE DISPENSED DURING PROGRAM(S).

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Drug Name _____ Dosage _____ Frequency _____

Attach sheet with additional medications, if needed.

Check if stated on medication bottle(s):

Drink plenty of water May cause nausea Other _____

No direct sunlight May cause heat sensitivity _____

Take with food May cause drowsiness _____

Will participant be responsible for self medication during any program(s)? No Yes

Will staff need to remind participant to take medication? No Yes

Will staff need to administer medication? No Yes (If yes, please fill out the Permission to Dispense Medication form)

Communication

INDICATE METHOD(S) OF COMMUNICATION.

Participant communicates... Boardmaker Sign Language Verbal-Difficult to understand Verbal- Speaks clearly

Non-verbal Gestures/points English as a second language Social Stories

Visual schedule

other (explain) _____

Assisted Devices

INDICATE ASSISTED DEVICE(S) USED.

- Cane Glasses Orthopedic Devices Service Animal White Cane
 Forearm Crutches Hearing Aid Prosthetic Devices Walker Other _____

Daily Living Skills

What level of assistance does participant need with...	Physical Assistance	Verbal Prompts	Independent	Additional Information
Eating/Drinking (cut food, uses straw, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Dressing/Undressing (tying shoes, pulling up swim suit, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Toileting (diapers, catheter, wiping, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Following directions (single step, repetition, visual cues, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Money handling (monitor for correct change, no concept, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Reading (comprehension level, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Responsibility (keeping track of belongings, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Safety (crossing street, water safety, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Writing (legibility, words/sentences, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Behavior

- Biting Throwing Objects Manipulative Other _____
 Hair Pulling Attention Seeking Removal of Clothing _____
 Hitting Defiance/Refusal Runs/Wanders _____
 Kicking Difficult Transitions Steals _____
 Pinching Easily Distracted Verbal Outbursts _____
 Spitting Hyperactivity Self harm/Injury _____

Please describe behaviors (frequency, duration, staff intervention): _____

Have a specific behavior plan? No Yes (please attach)

Please list any sensory supports the participant may need: _____

Safety & Recreation

FVSRA provides an approximate 1:4 staff to participant ratio. If participant would like to request a closer ratio, please explain why: _____

Can participant...
 Get home independently from a program (check all that apply) No Walk home from program site Walk home from transportation site Taxi/Uber and wait unsupervised
Without prior written approval, FVSRA cannot leave participants unattended before or after a program. A late fee may be assessed starting 10 minutes after the end of the program for participants not picked up.

Verbally say his/her name? No Yes
 Accurately say phone number? No Yes
 Recognize dangerous situations? No Yes

Please select swimming ability:
 Cannot Swim Needs 1:1 assistance in the water Can Swim 1 Length of the Pool without a Personal Flotation Device Competitive/Multi Lap Independent Swimmer

Indicate flotation device(s) owned or needed by participant _____

Goals

INDICATE REASON(S) FOR PARTICIPATION. CHECK ALL THAT APPLY.

- Physical Activity/Fitness Motor Development Entertainment
 Socialization/Friendships Creativity/Self-Expression Other _____
 Group Interaction Self-Esteem/Confidence
 Skill Development Responsibility

Please identify any specific goals parents/guardians would like to see worked on: _____

REQUIRED Signatures I attest that this information is true and accurate to the best of my knowledge and I will notify FVSRA of any changes in the above information.

 Signature of person completing form Date

Searching for more treasure this Summer? See below!

Youth Programs Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Youth Gymnastics 4:00-5:00p	Splash & Play 5:45-6:45p		Sensory Room and Crafts 5:00-6:00p	Friday Fun Youth 9:00a-3:00p	Super Saturdays 9:30a-12:00p
Mid Summer Mini Camp 3-12 Years Old			Zumba Kids 5:00-6:00p	TGIF 5:30-8:00p	Parent's Night Out 5:00-6:00p

Teen Programs Available

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Bowling Bingo 5:30-7:30p	Splash & Play 5:30-6:30p		Performing Arts Guild 5:00-6:00p	Friday Fun Teen 9:00a-3:00p	Saturday Unwind 11:00-1:00p
Next Chapter Book Club 4:00-5:00p			So You Think You Can Dance 5:00-6:00p	TGIF 5:30-8:00p	Friend's Night In 3:45-7:30p
Computer Lessons 3:00-6:00p					
Mid Summer Mini Camp 13-22 Years Old					

To register or find out more information on other programs that FVSRA offers please visit www.fvsra.org





FOX VALLEY SPECIAL RECREATION ASSOCIATION

2121 W. Indian Trail
Aurora, IL 60506

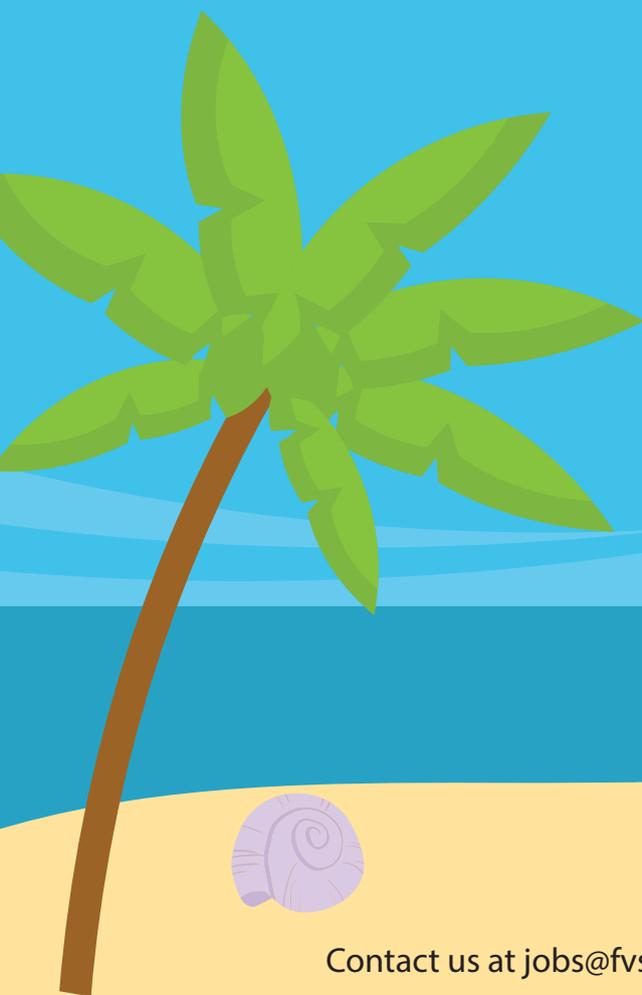
Phone: (630) 907-1114
Fax: (630) 907-1116
FVSRA.org  



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**1:1 DAY CAMP
INCLUSION COUNSELORS**

Contact us at jobs@fvsra.org or apply online at www.FVSRA.org/now-hiring