



Camper Application Form 2017/2018

Application Forms may be emailed to: info@keemachildrensfoundation.com.au

PROGRAM INFORMATION

EVENT: LITTLE STARS KIDS CAMP PROGRAM 2017/2018

PARTICIPANT INFORMATION

CHILD'S FULL NAME:

CARER'S FULL NAME:

CARERS EMAIL (required) :

ADDRESS:

SUBURB:

POSTCODE:

HOME NUMBER:

CHILD'S BIRTH DATE:

MOBILE NUMBER:

SIBLINGS (biological otherwise) WHO RESIDE WITH CHILD (ages and sex):

BEST CONTACT IN EMERGENCY:

FOSTER AGENCY AND CONTACT DETAILS (Name, phone and email):

CHILD SAFETY SERVICE CENTRE:

CURRENT ORDER: (Preference for children on Long term guardianship/second short term custody order who can remain with the program for up to 2 years)

CHILD SAFETY OFFICER NAME:



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<p>CURRENT CONTACT ARRANGEMENTS WITH BIOLOGICAL PARENT(S):</p> <p>Contact days:</p> <p>Supervised/Unsupervised:</p>	
<p>FOSTER AGENCY ON CALL NUMBER:</p>	
<p>SHIRT SIZE: Please Circle 4 6</p>	
<p>SCHOOL/KINDY/PREP/ DAY CARE DETAILS</p> <p>Name of Centre:</p>	
<p>THERAPISTS DETAILS (if relevant):</p> <p>Name:</p> <p>Centre:</p> <p>Contact:</p>	<p>CAMP AVAILABILITY (please circle):</p> <p>18 March</p> <p>3 June</p> <p>9 September</p> <p>18 November</p> <p>Please note that it is preferred that children attend all camps when enrolled in the program.</p>
<p>Will the child be in your care on the abovementioned camp dates? Yes <input type="checkbox"/> No <input type="checkbox"/></p>	

GENERAL MEDICAL and CARE INFORMATION

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It is important that Keema Children's Foundation has up to date information about your child's health, so that in the unlikely case of injury/illness we are able to provide the most appropriate medical care.

You are required to advise Keema Children's Foundation if the status of the child's health changes after completing this form or you come into contact with an infectious disease, including chicken pox, conjunctivitis, gastro or influenza within TWO weeks of the program.
Children cannot attend camp if they have an infectious condition.

1. Dietary requirements i.e. gluten free, no red meat, celiac etc. **No**

If yes, please provide a description:

2. Diagnosed illnesses (e.g. post-traumatic stress disorder, autism etc):

2. Allergies, sensitivities or reactions i.e. asthma, bee stings, nuts, grass, hay fever etc. **No**

If yes, please provide a description:

Does the child have an epi pen: yes/no

Does the child use an asthma puffer: yes/no

3. Any pre-existing physical injuries/illnesses/ailments?

Yes

No

Heart Condition

Diabetes

Asthma

Epilepsy

Blood disorder

Physical injuries/limitations

If yes, please provide description:

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Recent surgery if yes, please provide description:

4. Are there any physical, social or psychological ailments that may affect the child's participation in an activity? ie claustrophobia, fear of heights etc.

Yes No

If yes, please provide description:

5. Toileting

Is the child toilet trained?

Does the child require nappies/pull ups?

What (if any) assistance will the child need with toileting? E.g. reminders etc.

Special instructions regarding toileting:

6. Child's Medicare details:

Name on Card:

Medicare Number:

7. Do you have any other children in your care? (please insert sex and ages, as we will aim to provide a small gift for each sibling).



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8. Would the child prefer a male or female adult companion for the camps?

9. Does your child have any particular triggers which may impact upon their behaviour/psychological or emotional state that we need to be aware of?

10. Behaviour Management

Do you have in place a behaviour management plan?

Please set out details of any behaviour management plan which will assist us in caring for the child during the camp:

(attach a separate page if necessary)

It is your duty of care to hand in the child's medication to the Medical Team at the beginning of our camps

PERMISSION FOR PHOTOS FOR CHILD'S PHOTO BOOK



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Do you give permission for:

Photos to be taken of your child during camp (to be included in the child's photo book and hand-made photo frame at the end of the day and provided to the child):

Yes

No

FURTHER INFORMATION

11. Do you have any further information you would like to share about the child applying to attend camp?

PRIVACY NOTICE

Keema Children's Foundation collects your personal information to administer our programs, including complying with our legal obligations and to allow our companions to get to know the camper better. We also may collect your personal information to promote and communicate with you about our initiatives if you do not provide the information requested you will not be considered for a position as a volunteer. We may disclose your personal information to third parties that provide services to Keema Children's Foundation. We may also disclose your personal information to companions to enable them to get to know the child. Our Privacy Policy located at <http://www.keemachildrensfoundation.com.au/privacy-policy> contains information about: (i) how you can access and correct your personal information; and (ii) how to lodge a complaint regarding a breach of the Australian Privacy Principles and how we will handle such a complaint.

CONSENT

By signing this document you agree that you have completed this truthfully and to the best of your knowledge.

Carer's Name:

Carers Signature:

Date:

Upon receipt of the application, the application will be assessed, and subject to availability of camp positions, you will be notified as to whether your child is accepted into the camp program. In the event that your child is not accepted, they will be waitlisted for a position in the camp program.