



Camper Application Form

Application Forms may be emailed to: camps@littlestarskids.org.au

PROGRAM INFORMATION	
EVENT: LITTLE STARS KIDS CAMP PROGRAM	
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):
EMERGENCY CONTACT: NAME:	EMERGENCY CONTACT: PHONE:
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)	



Camper Application Form

CHILD SAFETY OFFICER NAME:	
CURRENT CONTACT ARRANGEMENTS WITH BIOLOGICAL PARENT(S): Contact days: Supervised/Unsupervised:	
FOSTER AGENCY ON CALL AFTER HOURS PHONE NUMBER:	
SHIRT SIZE: Please Circle 4 6 8 10	
SCHOOL/KINDY/PREP/ DAY CARE DETAILS Name of Centre:	
THERAPISTS DETAILS (if relevant): Name: Centre: Contact:	CAMP AVAILABILITY (please tick) 18 November 2018 <input type="checkbox"/> 24 February 2019 <input type="checkbox"/> 19 May 2019 <input type="checkbox"/> 11 August 2019 <input type="checkbox"/> 13 October 2019 <input type="checkbox"/> <i>Please note that it is preferred that children attend all camps when enrolled in the program.</i>
Will the child be in your care on the abovementioned camp dates? Yes <input type="checkbox"/> No <input type="checkbox"/>	
----- Where did you hear about Little Stars Kids Camps? Social Media <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Magazine / Advertising <input type="checkbox"/> Other <input type="checkbox"/>	



Camper Application Form

GENERAL MEDICAL and CARE INFORMATION

It is important that Little Stars Kids Camps 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 Little Stars Kids Camps if the status of the child's health changes after completing this form, or your child comes 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.

Dietary requirements (i.e. gluten free, lactose free, vegetarian)

Yes No

If yes, please provide a description:

Does your child have any specific issues surrounding food that would be helpful for our team to be aware of?

Yes No

If yes, please provide a description:

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

Yes No

If yes, please provide a detailed description:

Allergies, sensitivities or reactions i.e. asthma, bee stings, nuts, grass, hay fever etc.

Yes 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



Camper Application Form

Any pre-existing physical injuries/illnesses/ailments?

Yes No

Heart Condition

Diabetes

Asthma

Epilepsy

Blood disorder

Physical injuries/limitations

If yes, please provide description:

Recent surgery if yes, please provide description:

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:

Toileting

Is the child toilet trained?

Yes No

Does the child require nappies/pull ups?

Yes No

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

Special instructions regarding toileting:

Child's Medicare details: (Medicare Card can be attached)

Name on Card:

Medicare Number:



Camper Application Form

Do you have any other children in your care?

Does the child have siblings not in your care?

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

Male Female No preference

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

Yes No

Behaviour Management

Do you have a behaviour management plan in place?

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 so they can be securely locked away for the duration of the camp.



Camper Application Form

PERMISSION FOR PHOTOS FOR CHILD'S PHOTO BOOK

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

PERSONAL DETAILS - CHILD

It helps us to know a bit about your child so we can personalise the camp experience. 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 camper. We may disclose where necessary, limited 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.

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.