

MEDICAL SECTION cont.

This form must be filled for the camp to accept your child's registration. (Health & Safety)

Please circle options and where necessary fill in all details

Please describe your child's disability and any secondary conditions

Are there any Social / Emotional / Behavioural needs which we should be aware of? Y / N
(Use extra paper if required)

Is your child allergic to any medication or food? Y / N
(please state which ones)

Please list any other allergies:

Are your child's immunisations up to date? Y / N

When was their last Tetanus injection? ___/___/___

Does your child sometimes wet the bed? Y / N

NB: If so please send 2 lightweight sleeping bags or 2 pairs of sheets plus an extra set of pyjamas as well as pull-ups and a plastic sheet.

Does your child have any Current Medication? Y / N
All medication is to be sent with clear instructions of use, and is to be handed in at registration at the start of camp. Blister packs from the Chemist are a great help (Please specify medication here)

Please list any other information a carer/buddy will need to know:

In the event your child needs to see a doctor, do you have a Community Services Card? Y / N

Card Number: _____

Card expiry date: ___ / ___ / ___

I give my consent for the Camp, when necessary to:

1. Arrange a medical examination by a Doctor.
2. Give any necessary medication for general health care. (eg Panadol)
3. Authorise on my behalf any emergency medical care.

Please state any situation/event where we should contact you first.

NB: Every attempt will be made to contact parents or guardians in the event of an emergency.

Signature _____

Date: ___ / ___ / ___ (Legal Guardian)

WHAT TO BRING

- Warm Sleeping Bag or sheets & blankets
NB: Bedwetters must bring extra bedding eg 2 sleeping bags and pull-ups and a plastic sheet.
- Pillow and Pillow Case
- Toilet gear
- 2 towels
- Raincoat
- Sun Hat / Sunscreen
- Board game - named!
- Torch
- Books
- Bible
- Lots of warm clothes for the weekend - include old clothes
- Any special cutlery or cups required
- 2 packets of biscuits
- Sense of humour!

Cutlery and crockery are provided
Please don't bring pocket knives, matches, i-pods, cell phones or game-boys

Name all Clothes - Please ensure all clothes and belongings are clearly named. When collecting children at the end of camp, please check the lost property before you leave. Any lost property will be held at CBM, 9 Walters Rd, Mt. Eden for 2 weeks only.

POST REGISTRATION TO:

Camp Registrar
Kids Connect
Box 8774, Symonds Street
Auckland 1150

ENQUIRIES Before Camp:

Phone: (09) 630 5271
Fax: (09) 630 4373
Email: info@cbm.org.nz
Website: www.cbm.org.nz

CBM

children's bible ministries

Kids Connect

Where memories are made

A fun-filled camp for children with disabilities aged 9-16

25-27th March 2011



Please return Form together with completed Parents Declaration Form

PARENTS/GUARDIANS

please take note

Where is the camp? We will be holding the camp at Motu Moana Scout Camp, 90 Connaught St, Blockhouse Bay, Auckland.

We are partnering with CMWDT (Christian Ministries with Disabled Trust) to hold this camp for disabled children. Our camps are conducted by experienced staff. Every effort will be taken in looking after your child's welfare. No child is allowed to leave Camp except under supervision and the director's permission.

Our aim is that your child comes away with lasting memories of what they have experienced, explored and enjoyed at our camp. We will be focusing on building strong, healthy relationships with each other and our group leaders. We have a weekend packed full of activities, action and fun.

Simple but full biblical teaching is given and while staff and leaders are drawn from many different churches, the camps are interdenominational - they are not affiliated with any particular group or church.

No phone bookings are accepted.

Discipline: Campers are only accepted on the condition that they come under the normal discipline of CBM Camps. We use a graduated system of discipline.

1. Time Out
2. Meeting with Director or staff member
3. Sent Home (after discussion with parents and director)

Contacting your child: The telephone will **not** be available to campers. An emergency cell-phone number will be emailed to you prior to the commencement of camp.

CAMP FEES

Camp Fees 120.00 Please tick the applicable option:

Self-funded. Registration fees are payable at the rate of \$50.00 per camper on all accepted bookings and are part of the full fee. Balance of fees must be paid 10 days prior to the commencing date of camp.

Ministry of Health Funded (Respite Care). Please fill in the carer support form, applying for 2 days funding (Formal Rates), and send in with your application form. No deposit is required.

Refund of Fees (except registration) will be made if the camper is unable to attend, provided that 10 days notice is given prior to the start of camp. Any other refunds are at the discretion of the Camp Director. Please Note: Any child leaving camp early is not eligible for any refund.

Arrival / Departure Times: Camp officially opens at 4pm on Friday 25th March and closes at 2 pm on Sunday 27th March. Please collect your children between 2 and 2.30 pm.

As part of our Health and Safety Policies you will be required to sign your children **out** of camp. Please advise us of who will be picking them up - and if this person changes.

BUDDIES

We accept a limited number of young people 11 years of age and over to assist the disabled children as Buddies.

LEADERS

Voluntary Group Leaders and Kitchen Helpers are also needed during camp.

Acceptance of all buddies and leaders is at the discretion of the Camp Director

APPLICATION FORM

Please use one form per camper - photocopy extra's - Complete both sides of form - Print all details

Acceptance is not automatic but is at the discretion of the camp director.

Camper's Details (NB - Tick/circle appropriate areas)

Camper Buddy

Last Name: _____

First Name: _____

(Underline name known by)

Address: _____

Postcode: _____

Age: ____ Sex: Male Female

Date of Birth: (Day ____ Month ____ Year ____)

School Class Before Camp: _____

Church: _____

Parent's / Guardian's Details

Last Name: _____

First Name: _____

Relationship to child: _____

Contact Phone# (home) (_____)

Contact Phone# (work) (_____)

Alternative Phone/Mobile No. (_____)

Email Address: _____

Permission I give my permission for this camper to participate in all the programmes and activities offered by the Camp. I give permission for them to participate in any physical activities offered which are appropriate to their disability. This could include Flying Fox, Swimming, Bush and Beach walks, Quad Bikes.

Please state any activities your child cannot participate in due to physical / health issues. See Medical Section.

Signature: _____

(Legal Guardian)

Date: ____/____/____

If application to attend camp is accepted you will be contacted to pay the registration fee of \$80.00 the balance of fees will be paid at least 10 days before camp.

Please make cheques out to CBM. If you require a receipt, please provide a stamped, self addressed envelope.

OFFICE USE ONLY

Receipt No: _____

Communication Good Fair POOR (please describe means of communicating) _____

Mobility Independent / Assistance Required

(please describe) _____

Transfer Independent / Assistance Required

(please describe) _____

Toilet Independent / Assistance Required

(please describe) _____

Shower Independent / Assistance Required

(please describe) _____

Dressing Independent / Assistance Required

(please describe) _____

Eating Independent / Assistance Required

(please describe) _____

Please provide any further information that we may need to know on a separate piece of paper.

Please email info@cbm.org.nz or phone (09) 630 5271 if you have any queries.

Check out our website - www.cbm.org.nz

Please email info@cbm.org.nz or phone (09) 630 5271 if you have any queries.