



2012 KIDS' CAMPS MEMBERSHIP AND CAMPER INFORMATION FORM

1st January to 31st December 2012

You must be a financial member of Kids Camps for your child to be eligible to apply for camp. To be a member your child must be under 18 years of age, living at home and walking unassisted. The Primary Member must be the legal guardian for the child. To join as a member please complete this form and forward with your payment at your earliest convenience.

PART 1 – Please complete if you are the parent or carer for the child (DCP see Part 2)

Parent/Carers Name: _____ Occupation: _____
Other Parent/Carer: _____ Occupation: _____
Phone: (Home) _____ (Work) _____ (Mob) _____
Address: _____ P/Code: _____
Email: _____

Carer's relationship to camper (eg: Mother, Brother, Carer) _____

What is the age group of the carer: Under 24 25 – 44 45 – 64 65 – 69 over 70

If your child is less than 16 years old do you receive the Carer Allowance: Yes No Unknown

Do you receive Individualised Funding: Yes No Unknown

PART 2 – Please complete ONLY if the child is registered with the Dept. for Child Protection

Please note this person will be referred to as the primary member and all information will be sent directly to them including all invoices, camp forms and application forms.

Case Workers Name: _____

Postal Address: _____

Contact Number: _____ Email: _____

DETAILS OF CHILD:

To enable us to provide the highest care for your child we ask that you complete the following questions in as much detail as possible. Note that Kids Camps is required to collect and release information about service users to the Disability Services Commission and then without identifying you, to the Australian Institute of Health and Welfare, to enable statistics about disability services and their clients to be compiled. ALL INFORMATION COLLECTED IS KEPT CONFIDENTIAL

Childs First Name: _____ Surname: _____ Preferred Name: _____

Birth date: ____/____/____ Age: _____ Country of Birth: _____

Are they of Aboriginal origin Yes No Unknown or Torres Strait origin Yes No Unknown

Gender: Male Female

Does your child walk unassisted: Yes No

School Attending: _____ Year: _____

(Please complete page 2)

DETAILS OF CHILD (Cont.)

Level of Adult: Child Support Required: (circle appropriate level)

HIGH

1:1

(requires constant assistance or supervision due to disability or behavioural needs)

MEDIUM

1:2

(requires prompting and assistance with personal care, activities and socialisation)

LOW

1:3

(requires mainly prompting with personal care, activities and socialisation)

Primary Disability: _____ Secondary Disability: _____

Does your child have epilepsy? Yes No Unknown If yes give details of seizures and follow up treatment: _____

What is your child's' most effective method of communication (please tick)

Spoken language (effective)
Full Speech

Little or no effective communication
Limited Speech

Makaton or Body Language
Sign language (effective)

Compic, Word cards
Other (effective) non Spoken communication

Does your child use communication aides (e.g. Compic, Makaton): _____

Does your child require interpreter services: Yes No

DETAILS OF MEDICATION TO BE TAKEN AT CAMP (please write clearly)

Name of Medication	Purpose	Dosage	When Taken	How Administered

Further information (e.g. Medication is hidden in juice)

(Please complete page 3)

PERSONAL CARE: (please tick and provide comment if needed)

	Independent	Verbal Prompt	Physical Assistance	Comments
Toileting (Day)				
Toileting (Night)				
Menstruation				
Cutting Food				
Eating Food				
Pouring Drinks				
Choosing Clothes				
Dressing				
Showering				

What is your child's sleeping habits? _____

Is your child a bed wetter? Yes No

Does your child wear nappies, pull ups or pads: Yes No If yes give details:

Does your child have any allergies: Yes No If yes give details:

Does your child have any special dietary needs: Yes No If yes give details:

Further Information:

(Please complete page 4)

BEHAVIOUR

What is your child's general behaviour:

Does your child have any challenging behaviours and how are they best handled:

Are there any triggers for your child's behaviour that should be avoided e.g. conversation topics, fears etc:

Does your child wander or run off? Yes No If yes give details:

Further information:

RECREATION

Are your child's interactions: (Please tick which best fits your child in a group of others they don't know)

SOLITARY

(Plays by themselves, does not interact with others even when encouraged)

PARALLEL

(Will play with others when supported and encouraged by an adult)

INTERACTIVE

(Will play with others with no need for support or encouragement from adults)

Please list some of the activities and subjects your child particularly enjoys:

Are there any activities or subjects that your child does not enjoy or is afraid of:

Please indicate level of swimming ability: _____

(Please complete page 5)

MEDICAL EMERGENCY - In the case of an emergency or if medication needs to be sourced, please provide the following details regarding your child's usual medical care providers:

Child's Doctor: _____ Phone: _____

Clinic where Doctor is located: _____

Chemist usually used: _____

Phone: _____

Date of last tetanus injection ____/____/____

Medicare Number: _____

Private Health Cover: Yes No If yes which Fund: _____

Member Number: _____

Health Care Card: Yes No

PHOTO PERMISSION:

The Kids Camps digital camera and video camera are taken on camp to capture moments to share with members, campers, supervisors and volunteers through our Camp DVD's, website and printed publications such as our Newsletter. No other cameras are allowed on camp.

To assist with fundraising and in recruiting volunteers as well as attracting sponsors and donors we also wish to include photos from camps, fundraising events and Kids Camps functions on printed materials designed for these purposes.

Please indicate if you give permission to include photos which may have your child in them. NO photos include names and the originals will remain the property of Kids Camps. The photos we publish will be of a dignified nature respecting the individual rights of our members and volunteers.

If you have any queries please contact the Executive Officer on 9420 7247.

I **ALLOW** photos of my child to be used for the above purposes.

I **DO NOT ALLOW** photos of my child to be used for the above purposes.

CONSENT

I, the undersigned, declare that all information provided in this form is true and correct and the person herein described has permission to engage in all prescribed camp activities, except as noted by me. I understand the camp staff will take all reasonable care of my child. In the case of accident, or untoward incident or illness I give my consent to any necessary medical treatment and agree to meet any expenses incurred.

Signature of Parent/Guardian: _____ Date: ____ / ____ / ____

(Please complete page 6)

MEMBERSHIP FEE: (Please disregard this section if you are already a current financial member)

The following fee is enclosed with my application/ I have nominated the following membership option:

Option 1: \$100 Annual Membership Fee to 31st December 2012

OR

Option 2: \$30 Annual Membership Fee to 31st December 2012 PLUS 5 hours (min.) voluntary work. Please see attached sheet to nominate your involvement.

OR

Option 3: \$100 Annual Membership Fee to be paid by third party (ie. CCRC).

Donation – \$_____ **Thank you very much** 😊

PAYMENT:

Enclosed is my cheque / money order for \$_____ (made payable to Kids Camps Inc)

OR

Please charge \$_____ to my: MasterCard / Visa Name on Card: _____
(please circle)

No. ____ / ____ / ____ / ____ Expiry __ / __ Signature: _____

OR

I prefer to pay by EFT into this account: (Form is still required to be sent to the office)

Account Name: Kids Camps Inc

BSB: 036041

Account Number: 176330

Reference: MEMB.Firstname.Lastname (e.g.MEMB.Joe.Bloggs)

Please forward payment to:

Kids' Camps Inc.
City West Lotteries House,
2 Delhi Street, WEST PERTH 6005
Fax: (08) 9420 7248

Enquiries to:

Phone: (08) 9420 7247
Fax: (08) 9420 7248
Email: enquiries@kidscamps.org.au

OFFICE USE ONLY

Receipts No. Membership: _____ Donation: _____	Processing Kids Camps: Date: ____/____/____ Initials: _____	Database Entered: <input type="checkbox"/> Photo Policy checked: <input type="checkbox"/> Communications: <input type="checkbox"/>
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Thank you for your time.