



Registration /Parent Declaration Form

Please use one form per camper – complete all pages.
Acceptance to camp is not automatic, but is at the discretion of the camp director.
We would appreciate your application by 26th February 2018 to allow time for organizing accommodation and groups.

CAMP DATES 8-10 March 2019

CAMPER DETAILS

Last name:

First name:

Name preferred or known by:

Address and postal code:

School Name:

Age:

Sex:

Date of birth:

School class before camp: yr

Church normally attended if any:

PARENT'S/GUARDIAN'S DETAILS

Last name:

First name:

Relationship to child:

Contact phone numbers: (home)

(mobile)

(work)

Alternative contact number (relative/ friend):

Email (of the adult which must be used to submit this form):

PERMISSION

I give my permission for this camper to participate in the programmes and activities offered by the camp. I give permission for them to participate in all physical activities offered which are appropriate to their ability/disability. This could include any of the following: Flying Fox, Confidence course, Team games, Bush and Beach walks and Quad Bikes (to be ridden with an adult leader).

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

FEES

If this application to attend camp is accepted you will be contacted to pay a \$50 registration fee. The balance of fees will be \$90 making the total cost of camp \$140.

Itemized fees: \$50 Registration Fee
 \$90 Balance of Camp Fees
 \$140 Total Camp Fees

All fees above must be paid at least one week prior to camp

Fees will be paid: By Myself
 Through Ministry of Health

*If paying through the Ministry of Health(respite care), please fill in the carer support form, applying for 2 half days and 1 full day (total 2 days funding - Formal Rates), and send in along with this application form. Please date your MOH form after the camp dates otherwise MOH will not process your form.

To pay by internet banking:

Account number: **03 0175 0013647 02**
Account name: **CBM**
Reference: **KC and Child's Name**

To pay by cheque, please make cheques payable to CBM and

Mail to: **Camp Registrar, Kids Connect**
 PO Box 8774,
 Symonds St,
 Auckland 1150

FEE REFUND POLICY

No refunds for the \$50 registration fee will be given.

Refunds for the remaining camp fee of \$90 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 4 PM on Friday 8th March and closes at 2 PM on Sunday 10th March. Please drop your children off between 4:00 and 5:00 PM Friday and collect your children between 2 and 2:30 PM Sunday.

As part of our health and safety policies, you will be required to sign your children out of camp. Please advise us upon arrival of who will be picking them up.

I am willing to help clean after camp ends. Number helping:

PARENT DECLARATION SECTION

We will not accept registrations for children who would constitute a danger to themselves or other people. We have zero tolerance of bullying and harassment. Campers are in the care of leaders at all times and are expected to abide by the camp rules. If full disclosure is not given, we will not accept responsibility for any issues that occur as a result.

Please do not send your child to camp if they have been ill 48 hours prior to camp commencing.

Child's Name

Is there anyone who legally should not have access to your child/ren either by visit, phone message or email? Yes No

If YES please list their name:

Is there other information we need to be given to provide proper care for your child?

Please state who will be collecting your child after camp. If you are unsure, list all possible people:

Declaration by Parent/Guardian:

I consent to all the information supplied on this form being used for the purpose of running the camps and agree to abide by the camp rules.

In the event of an emergency I authorise that qualified medical attention be secured and any expenses sent to me. I understand that I would be contacted by the camp Doctor first if at all possible.

I agree that the trustees, staff and leaders will be clear of all liability in the event of any injury or loss which the camper may sustain to person or property.

If necessary I will collect my child if it is not appropriate for them to stay at camp.

I consent to photos being taken at camp for promotional purposes.

All information collected on this form is for the use of Kids Connect only and is used solely for mail-outs, follow-up, emergencies and administration.

MEDICAL SECTION

In the event your child needs to see a doctor, do you have a Community Services Card? Yes No

Card Number:

Card expiry date:

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

 Arrange a medical examination by a Doctor.

 Give any necessary medication for general health care. (eg:Panadol)

 Authorise on my behalf any emergency medical care.

 I agree to reimburse Kids Connect for all costs incurred.

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.

Is your child allergic to any medication or food? Yes No

If YES, please list:

Please list any other allergies your child has:

Are your child's immunisations up to date? Yes No

When was your child's last Tetanus injection?

Does your child sometimes wet the bed? Yes No

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? Yes No

Please specify medication here:

NB: 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 describe your child's disability and any secondary conditions he/she may have:

Does your child have any Diagnosed Conditions? Yes No

(E.g. Asthma, Diabetes, Epilepsy, ADHD etc.)

If yes, please name the condition(s) and any information we should know about:

Any problems with hearing or vision? Yes No

If yes briefly explain:

Are there any Social/Emotional/Behavioral needs of which we should be aware? Yes No

If so, please describe in detail.

Communication: (please describe means of communicating)	Good Fair Poor
Mobility: (please describe)	Independent Assistance Required
Transfer: (please describe)	Independent Assistance Required
Toilet: (please describe)	Independent Assistance Required
Showering: (please describe)	Independent Assistance Required
Dressing: (please describe)	Independent Assistance Required
Eating: (please describe)	Independent Assistance Required

Any other information we should know: e.g. calming strategies for your child-“what works at home”

I verify that ALL the above information is accurate and I agree to ALL the stipulations stated above. Date

To return this form:

1. **Save** this **completed** document to your computer
2. Return it as soon as possible as an email attachment to: info@cbm.org.nz

For security purposes - the parent or guardians email listed above must be used to send this form.

Enquiries:

Phone (09) 630 5271

Email: info@cbm.org.nz

Website: www.cbm.org.nz

You will receive an email either confirming the child's acceptance to camp or, if camp is full, that they have been placed on a waiting list.

We are looking forward to being able to provide your child with a great camp experience.

Mike Buckley (Uncle Mike) Camp Director

(See next page for what to bring)

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

Strong footwear

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

1 packet of sweet biscuits (no nuts)

Sense of humour!

Cutlery and crockery are provided

Please don't bring: Pocket Knives, Matches, iPods or Cell Phones

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 two weeks only.

If possible bring a costume that reflects our theme of 'Under the Sea'