



## STAR CAMP

*Our Camp is to provide a free fun environment for intellectually and physically disabled children and respite for their families.*

### Expression of Interest Form

#### Child Details

Child's Name

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Name of School

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Contact number of School

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Email of school/suitable teacher (if available)

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Date of birth

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Age

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Child's weight (kg)

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Child's height (cm)

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Disability

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#### General Information

Phone Number

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Alternate Phone Number

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Email

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Has your child attended this, or any Sony Foundation (STAR) Children's Holiday Camp before? If so, please specify which one.

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How often do you get respite?

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Reason you would like your child to attend the camp

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Name of person recommending your child to camp

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Your relation to the child

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Permission to contact your child's school to obtain information to support your application (Please circle)

I agree

I do not agree

### Medical

Does your child suffer from : (Circle all that apply)

- Anaphylaxis
- Asthma
- Food Allergies
- Other Allergies
- Epilepsy
- Diabetes

Does your child take regular medication?

- Yes
- No

Does your child require a special diet?\*

- Yes
- No

Has your child been immunized?

- Yes
- No

If no, please explain \_\_\_\_\_

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How much of what is being said does your child understand?

- Very little
- Nearly all
- Everything

Does your child :

- Wear Nappies
- Only require assistance with toileting
- Does not require any assistance

How many times does your child wake during the night?

- A couple of times a night
- Once a night
- Occasionally
- Never

How often does your child swim?

- Once a week
- Monthly
- Rarely
- Never / Does not like water

When your child has difficult behaviour, at home, on outings and at school, tell us the methods you use to support them.

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Please post or email your expression of interest form to Mrs Alice Power, Camp Register, by August 3rd 2018.