**Welcome to KCO!**

You can design this first page to suite your needs. Note the generic promo flyer in KCO 5a in the web site Please keep the Child’s Registration Form the same.

##### http://www.mncuca.org.au/art/uc_emblm/uclogolg.gifKCO is an annual coming together of a safe Christian community in which children can learn, live, show and share their faith.

KCO’s vision is for kids to experience Christian community and develop their relationship with Jesus.

Campers come as part of a local church group and tent camp. Catering, supervision and care of campers is provided by church groups

**KCO is a drug free, smoke free and alcohol free event**

 An Activity of Presbytery of South Moreton Children’s Ministry Network

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| **Event Details** |
| **Event:** KCO **Location:** Calvary Christian College, 559 Beenleigh Redland Bay Road Carbrook 4130**Start Time:** 24 August 2019, 1:00pm **End Time: 25 August** 2019, 1:00pm**Pre & Post Event:** Entry is only from Beenleigh Redland Bay Road. Proceed down the college road. Take the 2nd roundabout to the right and continue to veer left into the college car park.**During Event:** Cars are not allowed to enter the KCO site during the program. Please park in the car park and walk through to the Welcome Team. |
| **Activity Details Provided During the Event**Please contact the Event Coordinator if you have any concerns or wish to discuss the details of the activities.**You MUST specify in the “attendance” section of the Registration Form if you DO NOT WISH your child to participate in any of the following activities:**Worship Small Groups Play (carnival) Evening ProgramMorning Activities Create (craft) Explore Free Time |
| **Additional Event Information****Specific Clothing Required:** ∙A t-shirt in the colour of your group with the logo ironed on ∙Warm clothes for night time∙Clothing that can get wet and dirty ∙Hat and sunscreen ∙Waterproof jacket**Specific Equipment Required:** ∙Toiletries ∙Towel ∙Sleeping Bag ∙Pillow ∙Air Mattress (or equivalent)∙Knife, Fork, Spoon, Bowl, Plate, Cup ∙Tea Towel ∙Water Bottle ∙Torch ∙Hat ∙Pajamas∙Bible (if you have one) ∙Offering Money ∙Pen & Notebook ∙Sunscreen ∙Small bag/pack to carry your water bottle and craft creations**Personal Valuables:** Avoid bringing valuable items as any loss/damage will be at the owner’s risk.**Food/Drink Required:** Personal healthy nibbles/snacks (only if desired) - **NO NUTS or NUT PRODUCTS Medication:** If needed with clear instructions. Give this information to you church KCO Coordinator**Other Requirements:** All items need to be labelled clearly so they can go back home with you!**Additional Parent Information:*** During worship, KCO provides the opportunity to give in the form of an offering. We are giving you the opportunity to decide where the money will go.
* KCO is recorded through visual images for historical and promotional purposes. These may be used through various forms of electronic media or print material. Please notify your Group Coordinator in writing before the event if you have concerns about being photographed.
* For further information, check out our website: www.southmoreton.org.au
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**Group Details**

**Group Coordinator**

Name:

Phone: Mobile:

Email:

**Emergency Contact Details**

|  |  |
| --- | --- |
| Name: | Role/Position: |
| Phone: | Mobile: |
| Other: |

Childrens Rego form next page

|  |  |
| --- | --- |
| Name: | Date of Birth: / / |
| Preferred First Name (for site pass): |
| Address: |
| Postcode: | Phone: |

Are there any court orders in place in relation to this child that we need to know about? ☐ Yes ☐ No

***If Yes***, please provide any necessary information, or phone your Group Coordinator:

 **Attendance**

##### Are you a: ☐ Camper (aged 7-12) ☐ Sibling (attending with an adult)

Time: ☐ Full Time ($ ) ☐ Part Time - (☐ Saturday ☐ Sunday) ($ /day)

**Total: $** please return this form to the Group Coordinator with your payment by / /

|  |
| --- |
|  **Medical**  |
| Does this child have any medical conditions (allergies/asthma/etc)? | * Yes
 | * No
 |
| ***If Yes***, please give details of symptoms and/or treatments: |

* My child will self administer their medication **or**
* I give permission for the group coordinator to administer my child’s medication.

*(Please provide clear instructions with the medication and determine who will store the medication on camp)*

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Medication | Dose | When to be taken | Possible side-effects |

Is this child immunised against tetanus? ☐ Yes ☐ No

Are there any special dietary requirements (including any food allergies? ☐ Yes ☐ No

***If Yes***, please give details:

|  |  |  |
| --- | --- | --- |
| Is there anything else we need to know? (For example: A visual, hearing, mobility or intellectual disability? Doesthis child experience sleep walking, bed wetting, etc? Special care required? Or suffer any other condition that we should be aware of that may put themselves or others at risk of harm?) | * Yes
 | * No
 |
| ***If Yes***, please give details: |

##### Name of Family Doctor: Phone:

|  |
| --- |
|  **Emergency Contacts**  |
| **Contact 1 (main)** |
| Relationship to child: (e.g. mother/father/guardian/other) |
| First Name: | Surname: |  |
| Address: |
| Home Phone: | Business Phone: | \*Mobile: |

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| --- |
| **Contact 2 (alternate)** |
| Relationship to child: |
| First Name: | Surname: |  |
| Address: |
| Home Phone: | Business Phone: | \*Mobile: |

**\* Please ensure mobile is kept switched on and nearby during KCO in case of an emergency**

**Declaration**

I give permission for my child to attend KCO 2017 as a camper/sibling and have provided all necessary and relevant information regarding medical conditions or special circumstances relating to my child that the leaders of KCO should be aware of. I am happy for my child to participate in all activities unless indicated otherwise on the application form.

I agree to delegate my authority to the leaders involved. I understand that if my child’s behaviour becomes inappropriate or unmanageable during KCO, the leaders may take disciplinary action they deem necessary to ensure the safety and well-being of all participants. If necessary, they will be asked to leave and I will need to cover any associated expenses to get my child home safely.

In the case of sickness/accident, where it is impractical to communicate with me, or my emergency contact, I authorise the Group Coordinator to

arrange for my child to receive medical treatment, as deemed necessary, on advice from designated First Aid Officer during KCO. I further authorise the use of Ambulance and/or anesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment and/or emergency attendance/transport.

I understand that this information will be stored in a secure and confidential manner.

### **Media Agreement** Kids Camp Out is committed to providing a quality program for your child. As part of that program we like to take photos and sometimes take video footage of the activities your child may be involved in. We request that you indicate whether you are, or are not willing for photographs or video footage of your child be taken whether within a group experience or involved individually for use in:

* PowerPoint Presentations
* Advertising the group in Church newsletters etc.
* Poster & Rego form for future Kids Camp Out.

. Please circle your response below.

I AM / I AM NOT willing for photographs or video footage of my child to be taken during activities.

I AM / I AM NOT willing for photographs or video footage of my child to be used for the purposes outlined above.

I AM / I AM NOT willing for my child’s surname to be used on the camp video, available only to camp participants? [If not, only first name will be used]

|  |  |
| --- | --- |
| **Signature:** | **Date:** / / |

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| Please return this form to: |
| Located at: |
|  |