



愛心童樂營

Camp Quality Hong Kong



We're going to make your
time at **CAMP QUALITY**
a time to remember!

我們會讓您在
愛心童樂營的時間，
留下永遠難忘的回憶！



Message To Campers

Please join us!

At Camp Quality, you can meet new friends and be assigned a very special friend, your companion.

You can have your choice of a wide range of activities and maybe even tethered a ride in a hot air balloon!

If you have never been to camp and you would like to know more about it, please call us!

But the first thing you need to do is to complete this form and send it in NOW!

We look forward to welcoming you at camp!

Sincerely,

Camp Quality Hong Kong

給營友的信

請快來參加愛心童樂營吧！

您在這裡能夠認識很多新的朋友之外，本會更會配對一位特別的朋友給您 - 您的營伴。

還有，您在這裡可能有機會乘坐熱氣球！

如果您以前沒有參加過愛心童樂營，又想知道多一點的話，請聯絡我們！

您首先要做的第一件事，是填妥這張表格，並立即寄回給我們！

我們期待您的參與！

愛心童樂營謹上



Message To Parents

Camp Quality's first goal is to give children on treatment a weekend to be a child again and we have a great program planned. Our second goal is to give YOU a well/earned break.

Children from 4 to 18 are welcome to register for our camps. If this is the first time you have made contact with Camp Quality to register your child, we realise that this is a real leap of faith.

We want you to know that we take our responsibilities seriously and have tight guidelines to care for your child. A resident medical team will handle all medical needs at camp. Your child will be assigned a Companion who will be screened, interviewed and trained by us and who will contact you and your child prior to camp. Their role continues after camp, as they are expected to stay in touch with their camper.

Once you are on our mailing list, we will be offering invitations to your child to take part in many other camps and activities. We hope your child will join us.

Kind regards,
Camp Quality Hong Kong

Note:

In order for our staff to have the best information available on the camper, please complete the form and mail back to our office asap. Remember, if you have any questions about how to complete the form, about our camps or any of our programs, please call our office at 2838 4959.

給家長的信

愛心童樂營的首要目標，是籌辦充實而愉快的宿營活動，讓正在接受療程的兒童，享受應有的童真。第二個目標，是讓家長們在子女入營其間，可以享受一段休閒的時間。

歡迎4至18歲的孩子參加愛心童樂營，若您是第一次接觸本會，我們理解這是一次信心的考驗。

希望您明白，本會將會十分認真地承擔這個重任，遵照嚴格守則，照顧您的孩子。我們有專業的駐營醫護小組，處理營友的需要。您的孩子會有一位經嚴格挑選和受過訓練的「營伴」照料，他/她會在入營前先跟您和孩子聯絡，也會在出營後繼續和孩童保持連繫。

當您的資料被列入本會的郵寄名單中，我們會定期把多姿多采的活動邀請信寄給您們。我們期待您的加入。

愛心童樂營謹上

註：

為了本會提供對營友最佳的支援，請填妥表格內的所有資料，盡快寄回本會。如有任何關於此表格、宿營、或其他活動的問題，請致電 2838 4959 與我們聯絡。



營友登記表

Campers Application Form



Your Personal Details 你的個人資料

Full Name : _____ English Name: _____

中文姓名 : _____ SEX 性別: Girl 女 ☐ Boy 男 ☐

HKID (if available) [香港身份證號碼 (如有)]: _____ ()

Date of Birth 出生日期: _____ (D 日) _____ (M 月) _____ (Y 年)

Address in Full 詳細地址:

[Fill in by English or Chinese 可以中文或英文填寫]

Attach your
current passport
photograph
here

請在此
貼上近照

_____ Hong Kong ☐ Kowloon ☐ N.T. ☐

Home Phone 住宅電話: _____

Mobile Phone 手提電話: _____

T-Shirt Size T-恤尺碼: _____

Jacket Size 風褸尺碼: _____



Mother's information:

媽媽的資料:

Name 姓名: _____

Work Phone:

工作電話: _____

Mobile Phone:

手提電話: _____



Father's information:

爸爸的資料:

Name 姓名: _____

Work Phone:

工作電話: _____

Work Phone:

手提電話: _____



In case of emergency if parents cannot be contacted:

如遇緊急事故而無法通知家長，應聯絡:

Contact Name 聯絡人姓名: _____ Relationship 關係: _____

Mobile Phone 手提電話: _____ Work Phone 工作電話: _____

On Treatment 是否正在接受療程? YES 是 ☐ NO 否 ☐

If the answer is **NO**, OFF treatment since _____ year(s) and _____ month(s) ago.

如以上答案是「否」，療程已完成 _____ 年 _____ 個月

<p>Medical Information: 病歷資料：</p> <p>Camper's Hospital 醫院: _____</p> <p>Camper's Doctor 主診醫生: _____</p> <p>Phone number 電話: _____</p> <p>What is Camper's primary diagnosis? 營友的主要病情? (Medical Diagnosis 醫學診斷)</p> <p>_____</p> <p>Date of diagnosis 診斷日期: _____</p>	<p>Media interviews are always conducted under Camp Quality staff supervision and only if the child is willing. Do you give permission for your child to be interviewed? If yes please sign below:</p> <p>如有傳媒訪問，必須事先徵得你和孩童的同意，並會受到愛心童樂營的同事監察。如你同意讓孩子接受訪問，請在此簽署。</p> <p>Sign 簽署: _____</p>
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Is this your child's first **Camp Quality** experience? YES 是 ☐ NO 否 ☐
 你的孩子是否第一次參加**愛心童樂營**?

Will your child have any medication that requires refrigeration when travelling to or from camp? YES 是 ☐ NO 否 ☐
 在營期間，你的孩子是否需服用一些必須冷藏的藥物？

Details here (請列明) _____

DIET: Does the camper have special concerns regarding foods (allergies etc.) YES 有 ☐ NO 沒有 ☐
 飲食限制：你的孩子有沒有對飲食上有特別限制 (例如：對食品敏感)：

Details here (請列明) _____

Are there any concerns regarding appetite: YES 有 ☐ NO 沒有 ☐
 在胃口方面，你的孩子有沒有需要本會特別安排的地方：

Details here (請列明) _____

Does the camper require a wheelchair or any other special equipment? YES 要 ☐ NO 不要 ☐
 你的孩子是否需要使用輪椅或其他輔助器材？

Details here (請列明) _____

Does your child have a bedwetting problem? YES 有 ☐ NO 沒有 ☐
 你的孩子有沒有尿床的問題？

It is a common occurrence at camp. However, if we are advised prior to camp, we can ensure that embarrassment and discomfort to your child is at minimum, and can be prepared with extra bedding.
 尿床是宿營生活常遇到的問題，但只要你在事前通知本會，便可減少孩童的不愉快，又可讓我們準備充足的床上用品。

Please list any additional information which may be helpful to us in caring for this camper in the space provided below.
 請列出其他有關資料，讓我們給予孩童更佳的照料。

Parents or guardians signature required:

In consideration of **Camp Quality** accepting my child for this programme I agree to indemnify **Camp Quality**, its officers, staff and volunteers against any claim made by or on behalf of my child against **Camp Quality**, its officers, staff or volunteers arising out of my child's attendance at the programme.

I will submit complete medical information as required.

Signature 簽署: _____

以下一欄須由家長或監護人簽署：

愛心童樂營接受本人孩子參加此項計劃後，本人同意不會親自或代表孩子，向**愛心童樂營**及其主管、同事、義工等，追究由於本人孩子參加此項計劃所引致的任何索償。

本人將會提供完善的病歷資料。

Date 日期: _____

Please forward this form immediately to our office to reserve a place at camp.

請立即將此表交回本會辦事處，預留營位。

Camp Quality Hong Kong
 Suite 602-3, Chinachem Leighton Plaza,
 29 Leighton Road, Causeway Bay, HK
 Tel: 852 2838 4959 Fax: 852 2893 7260

E-mail 電子郵件: cqhk@campquality.org.hk
www.campquality.org.hk

愛心童樂營

香港銅鑼灣禮頓道 29 號 華懋禮頓廣場 602-3 室
 電話: 852 2838 4959 傳真: 852 2893 7260



Campers Information Form
 營友資料

愛心童樂營
 Camp Quality Hong Kong

填表啦！填表啦！
 填左就有得參加架啦！

Fill in this form
 as easy as
 A B C!!

My name: _____
 中文名: _____
 Sex 性別: _____
 you can call me: _____
 (你可以稱呼我為)

About me...
 關於我...

My Birthday is on: _____
 (生日日期係)
 年(Y) -- 月(M) -- 日(D)

Big Day!!
 大日子!!

Come to visit me at: _____
 來我家，搵我啦！我就住在...

Dial _____ and lets chat!
 打電話去 _____ 同我傾下...)

My School _____
 我就讀學校係

Favourite subject @ school:
 我最喜歡的科目:

I love to play...
我最鐘意玩...

Games and activities I love to play !!

Happy things to share... 最開心...

Like... 最喜愛...

colour 顏色: _____

TV Show 電視節目: _____

Hobby 興趣: _____

Artist 藝人: _____

...and... 還有: _____

Yummy !!
My appetite is...
我的食慾狀況...

Choose the appropriate: 請選擇適當的胃口 ☒

	S 細	
	M 中	
	L 大	

There are _____ siblings in my family:
在家中, 我有兄弟姊妹 _____ 人...

Name 名 _____ Age 歲 _____

Name 名 _____ Age 歲 _____

Name 名 _____ Age 歲 _____

Name 名 _____ Age 歲 _____

Extra Information
Know more about me here:
在此附加的資料可對我作多點認識:

愛心童樂營
Camp Quality Long Kong

寄: 香港銅鑼灣禮頓道29號
華懋禮頓廣場6樓602-3室

To: Suite 602-3, Chinachem Leighton Plaza,
29 Leighton Road,
Causeway Bay,
Hong Kong

愛心童樂營
Camp Quality Long Kong

Looking forward to seeing you !!
好想快啲見到您 !!