Principal’s Message

This week our whole school executive team (all Principals and Assistant Principals) had a training/planning day. This happens twice per year and once again I have come away from this day with great pride and gratitude for their efforts. The executive members of our staff not only have the responsibilities of a full teaching load, but have many other roles leading and managing across our schools. They are a dedicated bunch of professional special education leaders who deserve our thanks and appreciation for working so hard to improve outcomes for our young people.

To Lenore, Judy and Sarah at Middle School… well done and thank you ladies!

Regards

Belinda Ryan
Principal

Volunteer News

Last Friday Newcastle Middle School hosted 9 boys along with their teacher, Mr Chris Tyrie from Hunter Christian School for a Community Volunteer Day.

These dedicated young men completed a long list of jobs around our school including:

- building shelves for the green house,
- planting new citrus trees in the agricultural area and flower seedlings near the flagpoles,
- filling in a large muddy area with sand and clearing the back open grass area of fallen branches.

The boys impressed us with their willing attitude (in cold, wet weather) and the professional way in which they completed each task.

At the conclusion of the day the boys were presented with a thank you certificate for their efforts and we sincerely thank them for the valuable assistance they provided during their Community Service Day.

Lenore Hanney
Volunteer Co-ordinator

Diary Dates - Term 2

Week 9

<table>
<thead>
<tr>
<th>Day</th>
<th>Event</th>
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<tbody>
<tr>
<td>Friday, June 27th</td>
<td>Semester 2 Reports home</td>
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<td>Friday, June 27th</td>
<td>Last Day of Term 2</td>
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Diary Dates - Term 3

Week 1

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<tr>
<th>Day</th>
<th>Event</th>
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<tr>
<td>Monday, July 14th</td>
<td>Staff Development Day</td>
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<td>Tuesday, July 15th</td>
<td>School Students Return</td>
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Week 3

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<th>Day</th>
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<tr>
<td>Monday, July 28th</td>
<td>Education Week</td>
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Helping hands: Hunter Christian School Community Service Day June 2014. Thank you all so much.
Sony Foundation Newcastle Children’s Holiday Camp 2014

Location: University of Newcastle
Date: December 11th - 14th

A four day camp for children aged 5-15 years old with intellectual and physical disabilities. Children are paired with high school students, who are the children’s carers for the Camp.

It is heaps of fun, free of charge and has 24 hour medical care.

Ask your school for an application pack today!
13 May 2014

Dear Newcastle Temporary Care,

It is with pleasure that we invite children between the ages of 5 to 15 to participate in our Sony Foundation Newcastle Children's Holiday Camp. The camp is a four day residential Camp for children with intellectual and physical disabilities. The Newcastle Camp is being run by Students for Respite Care, a student organisation at the University of Newcastle, in partnership with Whitebridge High School. It is to be held at the University of Newcastle from December 11th to December 14th.

The camp provides four days of care, friendship and entertainment for the children. It also provides respite for families as senior students from Whitebridge High School volunteer to take on the role of carers for the Camp. Each participating child has a full time carer who is in turn supported by a team of staff, volunteers and medical facilitators. The Camp offers extensive on-site facilities, 24 hour medical staff and care of the highest standard.

For the children, the Camp is great fun, with activities such as scavenger hunt, a disco night and a Christmas Party. There is no cost involved with participation.

If you know of children and families in your community who would benefit from participation in the Camp, could you please provide them with the enclosed information package? As you would understand, the places for the Camp are quickly filled, so a prompt return of application forms is advisable.

Thank you for your support and help in making this Camp a successful experience for all those involved.

Please note application forms must be received by 18 July 2014.

Yours sincerely,

Jonathan O’Donnell
Registrar
Sony Foundation Newcastle Children’s Holiday Camp 2014
e: registrar@newcastlecamp.org
a: Newcastle LPO
PO Box 99
Callaghan
NSW 2308
Sony Foundation Newcastle Children’s Holiday Camp 2014

APPLICATION FORM FOR PARENTS TO COMPLETE

Child’s surname: __________________________ First name: __________________________

Date of Birth: ______/_____/______ Age: ______ Weight: ______ Height: ______

Child’s Disability: ____________________________________________________________

Child’s school: __________________________ School’s Phone Number: __________________________

Parent’s name and address: ____________________________________________________________

Does the child reside at this address: YES/NO

If not, please state regular address:

Phone: __________ Mobile: __________

Business: ____________________________________________________________

Has your child attended a Sony Camp before: YES/NO If yes, in which year(s)?: ______

Please circle the regular respite or support assistance you receive: DAILY WEEKLY MONTHLY OTHER

Discuss the type of respite you receive: ____________________________________________________________

Reasons for Application (please give any reason - i.e. home circumstances, suitability of this particular holiday for your child):

__________________________________________________________________________________________

__________________________________________________________________________________________
**MEDICAL HISTORY**

Please state all of your child’s regular medication:

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<tr>
<th>Medication</th>
<th>Dose</th>
<th>Time(s) Given</th>
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Does your child suffer from any of the following:  
ASTHMA YES/NO  
ALLERGIES YES/NO  
EPILEPSY/FITS YES/NO

Medical problems, special or current treatments we should be aware about:  
________________________________________________________________________
_______________________________________________________________________
________________________________________________________________________
CARE PLAN

Is your child naturally quiet and reserved or is he/she more lively and outgoing?  QUIET  ACTIVE  VERY ACTIVE

What are your son/daughter's favourite hobbies?: ____________________________

Places your child likes to visit: __________________________________________

Does he/she have any favourite toys?: _________________________________

Does your son/daughter have any brothers and sisters?: ________________

People whose company your child enjoys: _______________________________

What are your child’s favourite topics of conversation: _________________

COMMUNICATION

Please indicate your child’s level of communication (circle): 1  2  3  4  5

(1) Very difficult to understand  (2)  (3)  (4)  (5) Easy to understand

Please discuss methods of communication (i.e. hand gestures): ________________

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

MOBILITY

Does your child require aides/assistance to walk?:  YES/NO  If yes, please explain: _________________________________________________

Does your child require a wheelchair?:  YES/NO  If yes, please state when and if the chair is motorised/manual: ______________________________

Does your child need assistance in transferring?:  YES/NO  If yes, please explain: _________________________________________________

Does your child require physiotherapy or exercise regimes?:  YES/ NO  If yes, please explain: ___________________________________________
**Diet**

Does your child have any **food allergies**: ________________________________

Does your child have a gastrostomy?: YES/NO

Please state how meals should be presented: pureed / normal / special diet / other: ________________________________

If special diet, please explain: ____________________________________________

Is there a problem aspirating during feeding? YES/NO If yes, how do you prevent this?: ________________________________

How do you manage aspiration when it occurs?: ________________________________

Is meal time assistance required?: YES/NO If yes, please comment on method of assistance, positioning, special utensils needed, etc:

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**Personal Hygiene**

Does your child dress themselves?: YES/NO

How can we make dressing your child easier?: ________________________________

What is your child's preference for daily bathing?: ________________________________

Describe the method your child uses for oral hygiene: ________________________________

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**Sleeping**

**Time Awake:** AM

Does your child have trouble sleeping at night?: YES/NO

Does your child wake during the night?: YES/NO If yes, please explain: ________________________________

Does your child require bedrails/sleeping aids?: ________________________________

Preferred sleeping position: ________________________________
Sony Foundation Newcastle Children’s Holiday Camp 2014

SWIMMING

Please tick your child’s swimming ability and needs:

- Very competent swimmer in deep water
- Requires flotation device
- Does not like swimming
- Swims unaided
- Requires more than one assistant for support in the water
- Has had swimming lessons in the past

How often does your child swim?: ____________________________

Describe how you child swims (stroke types, floats only etc.): ____________________________

What continence protection does your child require for swimming?: ____________________________

BEHAVIOUR

Please describe methods you use to help your child manage in situations of difficult behaviour:

At home: ____________________________

__________________________

At school: ____________________________

__________________________

On outings: ____________________________

__________________________
To facilitate selection process over the next few years, please tick if you are happy for your child’s information to be entered into a secure database that will be used to avoid having to fill out an application each year for selection into the Newcastle Children’s Holiday Camp, and for direct communication regarding future camps.

- Yes I am happy for my child’s information to be stored confidentially for the sole purpose of facilitating selection at future Sony Camps held in Newcastle
- No, I wish for my child’s information to be destroyed after the 2014 Newcastle Camp.

Due to numbers of children wishing to attend the camp, it is sometimes necessary for us to contact your child’s school to obtain information to support your application.

I, __________________________ give permission for the medical officer or registrar for the Newcastle Children’s Holiday Camp to contact __________________________

(print name) (print school name)

to obtain information that would assist in the care of my child __________________________. Date: __________ Signature: __________

(child’s name)

Name of person completing the application: __________________________ Date: __________ Relationship to child: __________ Phone: __________