

COMMUNITY SCHOOLS PARTNERSHIP
Winter Day Camp

CSP is excited for another year of fun filled Winter Day Camps! Each week, children will be able to learn new games, crafts, and other activities while working with one another. The camp will feature winter themes including some New Year’s crafts in the first and second week.

LOCATION: North Delta Secondary School
Address: 11447 82 Ave, Delta, BC V4C 5J6
DEADLINE Thursday, December 20th, 2018

How to Register:

Registration forms are available at the main office. Please complete all sections of the form and return with payment to the secretary of your child’s school before the deadline. If paying by cheque, make fees payable to **DELTA SCHOOL DISTRICT**. If paying by cash, please enclose exact change.

The camp will meet from **9am-3pm** each day that it will run.

Activities include, but are not limited to:

Week	Activities	Crafts	Fees Payable
Week 1: Dec. 26 th – Dec. 28 th	Fruit Fly Hockey Doctor Dodgeball	Snow Globe Art Paper Plate Polar Bears Magic Paper Art	\$75.00
Week 2: Jan. 2 nd – Jan. 4 th	4 corner Soccer Scavenger Hunt Obstacle Courses	Snow Man Shadow Art Winter Night Mosaic New Year’s Party Hat	\$75.00

All activities are subject to change.

Things to bring: Children are expected to bring their own snack, lunch, and water bottle each day. We also suggest children to come with winter appropriate clothing in case the weather permits outdoor activities. In addition to this, participants are expected to wear running shoes and comfortable clothing for indoor activities.

For more information please contact Nisha Ram or Neha Sharma.
Phone number: (778) 990-5539 or (778)968-5300 | Email address: communityschools@deltasd.bc.ca

Detach and keep this page for your reference.

**COMMUNITY SCHOOLS PARTNERSHIP
 REGISTRATION AND MEDICAL DISCLOSURE FORM**
 Please Complete **BOTH SIDES** of the form and attach payment.
Winter Day Camp – North Delta Secondary School

Student Information

Name:	Grade:	Birth Date:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	

Parent / Guardian Information

Parent/Guardian's Name:		Email:	
Home Number:	Cell Number:	Work Number:	
Parent/Guardian's Name:		Email:	
Home Number:	Cell Number:	Work Number:	

Medical Information

B.C. MSP Health Number:		
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation in the stated program/activity:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modification or activities your child cannot participate in)</i>		

Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact #1 Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact #2 Name:	Relationship:	Home Phone:	Cell Phone:
Name of Physician:		Physician Phone Number:	

Additional Information

How will your child be getting home? Walking Pick up (who will be picking up your child?) _____
 I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No

Please indicate which week(s) your child will be attending:	Price
Week 1: Dec. 26 th – Dec. 28 th	\$75.00
Week 2: Jan. 2 nd – Jan. 4 th	\$75.00
Total Fees Payable:	\$ _____

Acknowledgement of Consent and Risk

Parent/ Guardian who is filling this form: I _____ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills. While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, _____ (Name of parent/guardian) give permission for _____ (Name of student) to participate in the activities described. I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Office Use Only:

Reg. Confirmation: X _____ Date: _____ **Photocopied** **Input** **Receipt**

CASH – or – CHEQUE

Cheque Provider Name: _____ Cheque #: _____