

Community Schools Partnership & Delta School District SUMMER DAYCAMP 2017

Ages 6-12

Locations: GRAY , HELLINGS , JARVIS , CHALMERS Elementary Schools (circle one)

The day camp is run by energetic, enthusiastic, and trained staff and youth leaders who will lead various arts and crafts, games, and activities throughout the week. Our day camps are dedicated to promoting healthy, energetic, and social-educational lifestyles.

Out-trips will provide the opportunity for participants to engage in fun, active, and educational facilities all over the Lower Mainland. The camp will develop stronger, livelier and more positive thinking individuals. Students are asked to bring a snack, lunch, and a water bottle each day.

The day camp meets Monday – Friday at 9:00am – 3:00pm daily. Out-trips occur every Wednesday.

Please note that activities and out-trips are subject to change.







DAYCAMP CALENDAR July

Week # and Theme	Monday	Tuesday	Wednesday	Thursday	Friday
Week 1	3 Canada Day Holiday - No Camp Blast off to Summer	4	5 Out-trip Day: Playland 	6	7 Movie Madness – Pajama Day 
Week 2	10 Under the Sea	11	12 Out-trip Day: Aquarium 	13	14 Swimming- Sungod Recreation Centre 
Week 3	17 Sensational Science	18	19 Out-trip Day: Science World 	20	21 Summer Science Experiments 
Week 4	24 Fun Fitness Frenzy	25	26 Out-trip Day: Extreme Airpark & Watermania 	27	28 Sports Day 

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August

Week # and Theme	Monday	Tuesday	Wednesday	Thursday	Friday
Week 5	31 Furry Friends	1	2 Out-trip Day: Queen's Park Petting Zoo & Spray Park 	3	4 <i>Swimming- North Delta Recreation Centre</i> 
Week 6	7 BC Day - No Camp Dungeons & Dragons	8	9 Out-trip Day: Castle Fun Park 	10	11 <i>Costume Day</i> 
Week 7	14 Splashtastic Finale	15	16 Out-trip Day: Big Splash Waterpark 	17	18 <i>Movie Madness – Pajama Day</i> 

Rate:

Full week of daycamp (9:00am – 3:00pm).....\$120.00/week

Special Rates:

Early Bird – before June 20th, 2017\$110.00/week

Sign up for 3 weeks and get the additional weeks for only \$90.00/week

Registration Process: Completed registration forms to be dropped off at the main office of the elementary school Daycamp location you select or North Delta Secondary School Room 0024 (Between 9:00 am -3:30 pm)

For more information please contact Jeevan/Nisha cspdelta@gmail.com or Jeevan at 778-968-6097

What To Bring To Daycamp:

- Registration Forms (Waiver & Consent Form)
- Snacks and Lunch
- Waterbottle
- Sunscreen (min. SPF 30), Sunglasses and Hat
- Daycamp Shirt For Out-Trip Days which will be provided during the first week of camp

Late Pick-up Fee: \$10 for the first 15 minutes and \$1 for each minute thereafter



SUMMER DAYCAMP

Locations: (Please circle the Daycamp Site you select)



Gray

Hellings

Chalmers

Jarvis

Please check off the box(s) of the week(s) that you would like to attend (rates listed above):

Week and Theme	Out-trip	Early Bird Rate By June 20 th	Total Fees Payable
<input type="checkbox"/> Week 1: July 3 rd – 7 th Blast off to Summer	Playland		
<input type="checkbox"/> Week 2: July 10 th – 14 th Under the Sea	Vancouver Aquarium		
<input type="checkbox"/> Week 3: July 17 th – 21 st Sensational Science	Science World		
<input type="checkbox"/> Week 4: July 24 th – 28 th Fitness Frenzy & MARVELous Heroes	Extreme Airpark & Watermania		
<input type="checkbox"/> Week 5: July 31 st – August 4 th Furry Friends	Queen's Park Petting Zoo & Spray Park		
<input type="checkbox"/> Week 6: August 8 th – 11 th Dungeons & Dragons	Dungeons & Dragons		
<input type="checkbox"/> Week 7: August 14 th – 18 th Splashtastic Finale	Big Splash Waterpark		

TOTAL PAID _____

Please check the method of payment CASH or CHEQUE
Exact fees or cheques payable to **Delta School District**. Thank you.

For more information please contact **Jeevan/Nisha** cspdelta@gmail.com or Jeevan at **778-968-6097**

Office Use Only:
 Registration Confirmation: X _____ Date: _____ Photocopied Input
 Receipt Added
 Cheque Provider Name: _____ Cheque #: _____



COMMUNITY SCHOOLS PARTNERSHIP REGISTRATION AND MEDICAL DISCLOSURE FORM

Please Complete this form, and attach payment.

Student Information

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

Parent / Guardian Information

Parent/Guardian's Name:	Parent/Guardian's Name:
E-mail Address:	Secondary E-mail Address:
Home Number:	Cell Number:
Address:	
City:	Province: Postal Code:

Medical Information

B.C. MSP Health Number:	Date of last Tetnus Shot:
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:
Name of 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



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: _____