



COMMUNITY SCHOOLS PARTNERSHIP
Spring Day Camp
March 2019

CSP is excited for another year of fun filled Spring 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 spring themes including some St. Patrick's Day crafts in the first week and an outer space theme in the second week. Each week, campers will have the opportunity to go on an out-trip. Transportation will be provided by private bus through CSP.

LOCATION: North Delta Secondary School
Address: 11447 82 Ave, Delta, BC V4C 5J6
DEADLINE: Wednesday, March 13th, 2019 (or while space lasts)

How to Register:

Extra registration forms are available at the main office. Please complete all sections of **Form A** and **Form B** 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. Since space is limited, we urge you to register sooner, rather than later.

The camp will meet from **9am-3pm**, Monday to Friday.

Activities include, but are not limited to:

Week	Daily Activities	Crafts	Major Activities	Fees Payable
Week 1: Over the Rainbow Mar. 18 th – Mar. 22 nd	Capture the Flag Soccer Scavenger Hunt	Pot of Gold Leprechaun Masks	Thursday: Bowling Friday: Swimming	\$125.00
Week 2: Galaxy Far, Far Away Mar. 25 th – Mar. 29 th	Obstacle Courses California Kickball Hockey	Alien Slime Marbled Planets	Thursday: H.R. MacMillan Space Centre Friday: Movie Day at NDSS	\$125.00

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

Please bring a snack, lunch and water bottle to camp each day.

----- 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.
Spring 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
Program Release [i.e. Is your child walking home alone? Is someone picking your child up (please provide their name and relation to 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. <input type="checkbox"/> Yes <input type="checkbox"/> No

Please circle which week(s) your child will be attending:	Price
Week 1: March 18 th – 22 nd	\$125.00
Week 2: March 25 th – 29 th	\$125.00
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 #: _____