


West 2 Community Schools Team Presents:


L'Ecole Henry Hudson Elementary


After School Programs



REGISTRATION DEADLINE: FRIDAY SEPTEMBER 29, 2017

Please contact Dianne Sankey the Recreation Programmer, with any questions, comments, or concerns at: dsankey@vsb.bc.ca or 604-813-8776





Fall 2017



Important Information – Please Translate

这是一份重要信息 — 请找人为您翻译

這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译

Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki salin sa sariling wika

Información importante - Por favor traducir

Community School Team Medical/ Emergency Consent Form

Please complete this form and submit it with your completed registration forms.

The collection and retention of information requested on this form is authorized and governed by the British Columbia *School Act* and the *Freedom of Information and Protection of Privacy Act*.

Emergency Medical Information

The following information will be helpful to the CST program staff in making your child’s participation comfortable, safe and pleasant. (Please print carefully and legibly)

Student Name: _____ Age: _____

Grade: _____ Division: _____ School: _____

Home Address: _____ Phone Number: _____

Parent/Guardian Name: _____ Phone Number: _____

Parent/Guardian phone number in the event of an emergency: _____

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify:

Reaction(s) to above? _____

Carries Epi pen? ☐ Yes ☐ No Inhaler? ☐ Yes ☐ No Medical Alert Bracelet? ☐ Yes ☐ No

Date of last Tetanus shot: _____

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific:

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in:

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such):

Other Health/Medical/Dietary Concerns/restrictions:

Emergency Contacts (other than Parent/Guardian):

1) _____ Phone: (H) _____ (W) _____ (C) _____

2) _____ Phone: (H) _____ (W) _____ (C) _____

Acknowledgement of Consent

Parent/Guardian who is filling out and signing this form: _____ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, 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.

Name (please print) _____ Signature _____

MoreSports is a grassroots sports organization focusing on the FUNdamentals of sports in a non-competitive environment. Join Coach Trask to learn how to play basketball in a fun, interactive, and positive setting. All skill levels are welcome!



Moresports



Young Rembrandts is based on an acclaimed, step-by-step drawing method which works with an original curriculum developed by a team of artists and educators. Children will be taught to break down complex objects into basic foundational shapes. As they learn how to deconstruct and reconstruct images, the experience, repetition, and relevant subject matter will bring them to an increased level of mastery in drawing.



We request that parents stay out of the program space during the sessions.

**Price:**

\$50*

- ☐ Gr. 2-3, 3:05-4:05 (8 sessions)
- ☐ Gr. 4-6, 4:05-5:00 (8 sessions)

\$116*

Total: \$

Pay by CASH or CHEQUE Payable to: **The Vancouver School Board**

*** Contact Dianne if you need help paying for programs 604-813-8776**

- Fill out both sides of the registration form and bring it to the school's main office
- Give the form and any payments to office staff
- You will only be contacted if the program is cancelled or full

This is an important document. Please review its content carefully prior to providing permission for your child to participate in select programs with the West 2 Community Schools Team.

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The qualified staff and volunteers (including secondary student 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.

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.

Date: _____ Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Phone Number: _____

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child. In the event that the parent/guardian is unable to pick up the child please identify individuals you designate to perform this duty.

The following information will be used for the regular duration of the Out of School Time program, and in the event of an emergency/disaster occurring while the Out of School Time program is in session. The Community Schools Team staff will only release students directly into the custody of the parents/guardians OR responsible individuals that parents/guardians have previously designated below.

I give permission for the following individuals* to pick up my child from the CST Out of School Time program and/or in the event of an emergency/disaster occurring while the Out of School Time Program is in session:

Name	Contact Telephone #
1.	
2.	
3.	
4.	



**If your child will be picked up by an Out of School Care program staff and/or Daycare staff please list the name of the organization and contact name above.*

Signed (Parent/Guardian Signature) _____ **Date:** _____

Date:

Please flip over.