

## Junior Choir

Grades 1-3

Time: 12:25 pm to 12:55 pm

Location: Gym

Date: Wed. Sept. 23 - Dec. 9  
(11 rehearsals, 1 performance)

Instructors: Ms. Catherine Campolin  
& Dr. Elinor Chambers

## Senior Choir

Grades 4-7

Time: 3 to 4 pm

Location: Gym

Cost: \$ 72

Date: Wed. Sept. 23 - Dec. 9  
(11 rehearsals, 1 performance)

Instructors: Ms. Catherine Campolin  
& Dr. Elinor Chambers

### Program Description:

Students will learn healthy vocal production, musicianship and performance etiquette. At every rehearsal there is a professional pianist to encourage tuning and experience live music making. Early in the rehearsal process, students receive a folder of music to be brought each week to choir. The repertoire has been carefully chosen with the children's vocal health and abilities in mind.

Singing and choir is a performing art that is meant to be shared with others. The choir director strives to have the students present a selection of songs to their school and/or parents and friends at the end of the session.

### Instructors:

Ms. Catherine Campolin is a classically trained soprano with over 20 years of voice performance. She is a choral director for the Vancouver Bach Children's Choir, she also directs choirs at Trafalgar, Queen Elizabeth Annex and Lord Tennyson. Over the years her school choirs have performed at VanDusen Gardens, The Vancouver Space Centre, FlyOver Canada, The Vancouver Maritime Museum and several retirement homes.

Dr. Elinor Chambers has 3 Masters Degrees and a Doctorate in piano accompanying. She has spent most of her life making music at the piano. She has performed all over Europe, the United States as well as in her native country, Canada.

**Programs WILL NOT run on holidays, or Professional Days.**

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

## Choir at L'École Henry Hudson Elementary

**Fall 2015**

**Please check the box for the program you'd like to register for**

**Junior Choir (11 Rehearsals, 1 performance)**

**Price:  
\$48\***

Wednesdays (lunchtime) Gr. 1-3

**Senior Choir (11 Rehearsals, 1 performance)**

**\$72\***

Wednesdays (3:00-4:00pm) Gr. 4-7

**Office use only**

Date received: \_\_\_\_\_ **Total: \$** \_\_\_\_\_

Pay by CASH or CHEQUE

Payable to: **The Vancouver School Board**

**\*Program fees are not a barrier for participation. Please contact west II CST at 604-713-5825 if you need assistance paying for the program**

### How to register:

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

Visit our site to learn more about Community Schools Teams:  
<http://www.vsb.bc.ca/communityschoolteams>

**Please Complete Both Sides**



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

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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: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Division: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student School Accident Insurance:  Yes  No

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: \_\_\_\_\_

Parent/Guardian Contact:

1) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Emergency Contacts (other than Parent/Guardian):

1) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

### 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 \_\_\_\_\_



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 Mahalagang Impormasyon - Paki salin sa sariling wika      Información importante - Por favor traducir sa sariling wika

**Community School Team Consent for participation and acknowledgement of risk**

**Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk**

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

**Consent and Acknowledgement of Risk**

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 over 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.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you not wish your child to be photographed or videotaped please initial here \_\_\_\_\_.

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 (DD/MM/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**Please fill-out pick-up info.** →



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**Consent for child to leave Community Schools Team Out of School Time program alone**

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child.

My child will be picked up by 1: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_

Pick-up 2: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_

OR if your child has permission to leave the CST program **ALONE**, please complete the following:

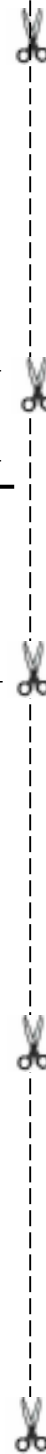
I, \_\_\_\_\_ (Parent/Guardian name) give my permission for my child \_\_\_\_\_ (child's name) to leave the supervision of the CST program alone at the program's end time.

Signed \_\_\_\_\_ (Parent/Guardian signature) Date: \_\_\_\_\_



**About West 2 CST**

The West 2 Community Schools Team (W2CST) of the Vancouver Board of Education (VBE) offers programs and services to support vulnerable students through universal programs, and external program referrals. The schools in West 2 are Kitsilano Secondary, Henry Hudson, General Gordon, Bayview, False Creek, Lord Tennyson, Lord Byng, Queen Elizabeth (and annex), Queen Mary, Jules Quesnel, Kitchener, U-Hill Secondary, U-Hill Elementary, Norma Rose Point, Prince of Wales, Carnarvon, Trafalgar, and Shaughnessy.



*West II Community Schools Team*

*Presents:*

L'École Henry Hudson Elementary

# Choir

Junior: gr. 1-3

Senior: gr. 4-7

Wednesdays, September 23rd —December 9th

*Fall 2015*

Learn New Songs!

Gain vocal confidence!

And share your voice!



*Please contact West II Community Schools Team with any questions, comments, or concerns at:*

**604.713.5825**