

Cartooning

Grades: 2-4

Dates: Mondays, April 4 - June 13 (no class April 18, May 2, May 23)

Time: 3:05-4:45 pm

Where: Foyer

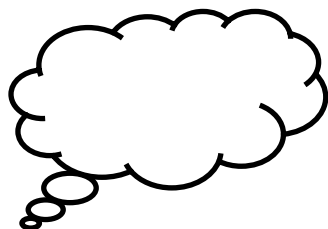
Cost: \$25*

*Program fees are not a barrier for participation. Please contact Dianne, at (604) 713-5825 (office), (604) 813-8776 (cell), or e-mail dsankey@vsb.bc.ca if you need assistance.

Program Details:

Students will explore their creativity, bringing stories to life with their own hand-drawn cartoons and a cast of favorite characters. The class covers basic forms and shapes, and explores how facial expressions help tell a bigger story. Students will then have the opportunity to give their creation a voice with speech bubbles and move them through actions and funny poses.

This program is run in partnership with the Vancouver School Board and Arts Umbrella.



Programs WILL NOT run on holidays, or Professional Days.

Parents are to stay out of the space during the program.

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



Cartooning at L'École Henry Hudson Elementary
Spring 2016

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

Cartooning (8 classes) **Price: \$25***

Mondays (grades 2-4, 3:05-4:45)

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 Dianne at West II CST if you need assistance paying for the program.**

Office: 604-713-5825 Cell: 604-813-8776
E-Mail: dsankey@vsb.bc.ca

How to Register (NEW):

- Fill out both sides of this registration form
- Bring your completed form and any payments to Registration Day to complete sign up.
- **REGISTRATION DAY is THURSDAY, MARCH 31ST at 3:10pm in the SCHOOL GYM.**
- **You must have a child with you to register**
- If you are unable to attend, your child may register themselves, or you may give your form to a friend/family member to bring.

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

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 Información importante - Por favor traducir
sa sariling wika

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:

Name: _____

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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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: _____

ARTS UMBRELLA

About West 2 CST

The West 2 Community Schools Team (W2CST) of the Vancouver Board of Education (VBE) offers programs and services to 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.



Registration Day:
MONDAY MARCH
31ST 2016
 (details inside)



Please contact Dianne, the West II Community Schools Team Programmer, with any questions, comments, or concerns:

Office: (604) 713-5825 Cell: (604) 813-8776
 e-mail: dsankey@vsb.bc.ca

West II Community Schools Team
Presents:
 L'École Henry Hudson Elementary
Cartooning

Gr. 2-4
 Mondays, April 4 - June 13 2016
 3:00-4:45pm

