

Primary Yoga

Tuesdays, April 12th—May 31st, Gr. 1-3 (3:05-4:05), \$64 (subsidy available),

Location: School Gym Stage

Kids Yoga empowers kids of all ages in a fun and energetic way. Physically, kids yoga classes enhance strength, flexibility, coordination, and body awareness. Mentally and emotionally, it improves the sense of relaxation and focus while building self-confidence and self-respect. Yoga gives kids the tools to bring health and happiness into life. In these classes we move, breathe, dance, sing, and join together for a lot of fun!

Byte Camp

Tuesdays, April 12th—May 31st, Gr. 3-5 (3:05-4:35), \$150 (subsidy available),

Location: The Foyer

Explore the world of Animation, from Stop-Motion and Claymation to Vector and 3D Animation. Students will learn hands-on how these creative processes are used to make some of the TV shows and movies they love .

Drama

Tuesdays, April 12th—May 31st, Gr. 4-7 (3:05-4:05), \$85 (subsidy available),

Location: Room 209

This drama program will include both fun improv games, and scene work in order to build the participant's acting skills. Through drama, participants gain self-confidence, interpersonal, and group cooperation skills. The students will have fun while expressing themselves in a positive and safe environment.

Choir

Wednesdays, April 13th—June 15th , Gr. 1-3 (lunchtime), \$44, Gr. 4-7 (3:00-4:00) \$66 (subsidy available), Location: School Gym

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.

MoreSports Soccer

Fridays, April 8th—June 10th, Gr. K-1/2-3 (3:00-4:00), Gr. 4-7 (4:00-5:00) \$60 (subsidy available), Location: School Field

Come learn to play soccer and improve upon your skills with MoreSports! MoreSports soccer is an 8 week program that culminates in a city-wide soccer festival in June. This program is led by experienced coaches, and volunteers. MoreSports is a low cost, participation-based sports program for children providing fun and non-competitive sport opportunities in their communities.

Programs WILL NOT run on holidays, or Professional Days.

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

West 2 After School Programs at L'École Henry Hudson Elementary Spring 2016

Check the box for the program(s) you'd like to register for

Primary Yoga (8 sessions)

Tuesdays (3:05-4:05) Gr. 1-3

Byte Camp (8 Sessions)

Tuesdays (3:05-4:35) Gr. 3-5

Drama (8 sessions)

Tuesdays (3:05-4:05) Gr. 4-7

Choir (10 Sessions + 1 Performance)

Wednesdays (lunchtime) Gr. 1-3

Wednesdays(3:05-4:05) Gr. 4-7

MoreSports Soccer (8 sessions)

Fridays (3:00-4:00) Gr. K-1

Fridays (3:00-4:00) Gr. 2-3

Fridays (4:00-5:00) Gr. 4-7

Price:

\$64

\$150

\$85

\$44

\$66

\$60

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.



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 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: _____

Grade: _____ Division: _____ Birthdate (YYYY/MM/DD): _____ / _____ / _____

School: _____ Gender: _____

Address: _____ Home 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 information:

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 _____

Please Complete Both Sides



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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 Programs

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: _____



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

Programs offered in partnership with:



***New* 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

