

Laura Secord After School SPRING Programs 2019

April 15 – June 17

For more information, please call Justin Roll (CST Programmer)
at 778-835-6073 or email jroll@vsb.bc.ca



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

REGISTRATION INFO:

- Registration is **April 9th** before school at **8:20am**, and **April 10th** after school at **3:00pm** in the **BIG GYM** of Laura Secord (if you can't make these times please contact the CST Programmer)
- **IMPORTANT**—Fill out ALL required forms and return completed forms and payment during registration
- Payment (cash or cheque) due during registration in order to secure a spot in the program
(Make cheque out to **Vancouver School Board**)

SIGN-UP EARLY! ALL PROGRAMS ARE FIRST COME FIRST SERVE!



Coordinated by the Van Tech Community Schools Team

SPRING 2019 – Second Programs

Monday - Friday, April 15 – Jun 17

No programs on Pro-D Days, Early Dismissals, or Stat Holidays

Programs begin in the **SMALL GYM** at 3:00pm, then the students move to the program specific room. Once program ends, pick up is in the main office hallway. **Note end times for each program.**

Jr Gym Games (Mondays)

Grades 1-3 | Location: Small Gym | Time: 3:00 - 4:30 pm |

Price: \$40/7 sessions | Leader: Justin

Play exciting group games in a non-competitive atmosphere suitable for everyone. Each week we'll focus on a few new fun activities, and students help choose what games we play.

Jr Art Attack (Tuesdays)

Grades: 1-3 | Location: Room 106 | Time: 3:00 - 4:30 pm |

Price: \$55/9 sessions | Leader: Phillis

Join Phillis as she teaches you how to make fun new crafts every week including scrap books and yarn work. Create a souvenir with your peers and take your masterpieces home.

Let's Get Cooking! (Tuesdays)

Grades: 4-7 | Location: Staff Room | Time: 3:00 - 4:30 pm |

Price: \$65/9 sessions | Leader: Amira

Get cooking with a UBC nutrition student and learn ways to make your favorite meals, snacks, and treats healthier! Take your taste buds on a trip while mastering basic nutrition and cooking skills.

YMCA Multi-Sport (Tuesdays)

Grades: 3-5 | Location: Big Gym | Time: 3:00 - 4:30 pm |

Price: \$55/9 sessions | Leader: YMCA Staff and Volunteers

Run in partnership with the YMCA, Multi-Sport is a program for students who enjoy getting active and playing a variety of sports and games. We'll run activities like Hockey, Basketball, and even teach you the basics of Golf!

Pixtons (Wednesday)

Grades: 4-7 | Location: Library/Computer Lab | Time: 3:00 - 4:30 pm | Price: \$50/9 sessions |

Leader: Nyan Saik

Join Nyan Saik as he teaches you to use Pixton's award winning comic program. Make your own stories that fit into each week's theme and learn to make your own digital comics.

Spring Programs Cont.

Cardboard Creations (**Wednesdays**)

Grades: 3-6 | Location: Room 106 | Time: 3:00 - 4:30 pm |

Price: \$50/9 sessions | Leader: Justin

In this new crafts program, Justin and the rest of the group will be using cardboard and other recycled materials to make amazing creations like your own board games and even a foosball table!

Library Club (**Thursdays**)

Grades: 4-7 | Location: Library | Time: 3:00 - 4:30 pm |

Price: \$50/9 sessions | Leader: Justin

Come to the library with other intermediate students Mondays after school. Choose between playing fun board games, finding a spot to do some reading, or join Justin as he teaches you new games and activities each week.

Little Bakers (**Thursdays**)

Grades 1-3 | Location: Staff Room | Time: 3:00 – 4:30 pm |

Price: \$60/9 sessions | Leader: Liza

Join Liza and learn the basics of baking! Recipes will include simple sugar cookies and brownies, then play some games while you wait for them to bake in the oven!

Little Yogis (**Fridays**)

Grades: 1-4 | Location: Small Gym | Time: 3:00 - **4:00 pm****

Price: \$70/7 sessions | Instructor: Alex

Yoga is an important tool throughout life. This program offers time to practice mindfulness and awareness of body. Alex is our team's certified Yoga instructor.

Partnership Program – Moresports Soccer

Gr. K-3 (**Wednesdays**) and Gr. 4-7 (**Fridays**)

Kids can have fun playing soccer! This program focuses on developing fundamental movement skills through drills and games. No experience necessary. All participants will also get the chance to join the Soccer Jam event at Trillium Park on June 8th, more info to come. ***This program has a separate registration form***. Dates may vary from other CST programs. For more information, please contact us at broadway@moresports.org. Forms can be found at <https://Moresports.org/Programs> or by the Secord front office.

Spring 2019 – Second Registration Form (3 pages)

- | | |
|--|---|
| <input type="checkbox"/> Jr Gym Games \$40
<input type="checkbox"/> Jr Art Attack \$55
<input type="checkbox"/> Let's Get Cooking \$65
<input type="checkbox"/> YMCA Multi Sport \$55 | <input type="checkbox"/> Cardboard Creations \$50
<input type="checkbox"/> Pixtons \$50
<input type="checkbox"/> Library Club \$50
<input type="checkbox"/> Little Bakers \$60
<input type="checkbox"/> Little Yogis \$70 |
|--|---|

Payment \$ _____ [Cheque made payable to the Vancouver School Board]
 Total: _____

FINANCIAL HARDSHIP POLICY: The Board of Education Trustees is committed to ensuring that no school-age student will be denied an opportunity to participate in a course, class or program because of an inability to pay fees. Parents and guardians unable to pay some or all of a school fee are invited to speak to the CST Programmer (contact info on the front page).

Student dismissal at the end of the program

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: _____

I give permission for my child to walk home after program.
 Please contact the CST Programmer if you have questions.

<input type="checkbox"/> Yes <input type="checkbox"/> No Initial ____

****PLEASE FILL OUT NEXT 2 PAGES****

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 discuss with staff any supports or information that would help us ensure your child has a positive experience during the Out of School Time program.**

(Please print carefully and legibly)

Student Name: _____ Age: _____

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) _____

Name of Physician _____ Phone # _____

Name (please print) _____

Signature _____

Community School Team consent for participation in Out of School Time programs

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

Consent and Acknowledgement of Risk

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.

Student first name: _____

Student last name: _____

Student PEN: _____

Date: _____

Name (please print): _____

Parent/Guardian Signature: _____

Please ensure your child's emergency contact information are updated in MYEd BC, Community School Team staff will obtain this information for use in the event of an emergency during out of school time programs.

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 _____

Email Address (optional): _____