



## NEW! Van Tech Community Schools Team after-school program (gr. 4-7): *Second Choir*



### REGISTRATION INFO:

\*Fill out a copy of this form and return it to the Community Schools Team Programmer (Justin)

\*IMPORTANT—Fill out ALL 3 required forms **before** the first day of program to secure a spot

\*Payment of \$45 along with the forms can be returned to Justin in the SMALL GYM  
between 3:00-3:15pm Monday-Thursday

\*Payment (cash or cheque) made out to **Vancouver School Board**

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

**Program:** Second Choir **Grades:** 4-7

**When:** Fridays 3:00-4:30pm from February 22<sup>nd</sup>-May 24<sup>th</sup> (except Pro-D days, Spring Break, Holidays, and Early Dismissals).

**Where:** Second Elementary Library (student pickup is in front of the Main Office at 4:30pm).

**Cost:** \$45 for 10 sessions (please note VSB's financial hardship policy on page 2)

**Program leaders:** Student leaders and alumni from Van Tech Secondary's music department + VSB Community School team staff.

Music programs have been shown to help children and youth cultivate greater social skills, improve academic skills, and develop discipline and patience, but are also just downright fun. In the choir, students will get to learn the basics of singing in a group and help choose songs they will sing. No past music experience is necessary and all skill levels are welcome. All we ask is that students choose to be there and are committed to learning and having fun. In between working on songs, the group will have a snack (please note any allergies in the medical form), play games and get to know each other. After the 10 weeks of program, there will be a small performance to wrap up!

→ There will be an open drop in info session at 3:15pm on Friday February 8<sup>th</sup> in the Second Library. In addition to answering any questions you have about the program, there will be a short demonstration by some of the Van Tech secondary student musicians to showcase what students can look forward to if they go on to join music programs in high school.

Questions? Please reach out to CST Programmer (Justin) at [jroll@vsb.bc.ca](mailto:jroll@vsb.bc.ca) or call 778-835-6073.

**\*\*\*REGISTER EARLY to reserve a spot! \*\*\***

## Winter 2019 – Second Registration Form (3 pages)

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.

Yes  
 No  
 Initial \_\_\_\_\_

### Parent/Guardian Contact Information

1) Name: \_\_\_\_\_

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

2) Name: \_\_\_\_\_

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

Parent/Guardian email address (optional): \_\_\_\_\_

\*\*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 \_\_\_\_\_

Please ensure registration forms are fully completed (3 pages).