

EMERGENCY MEDICAL INFORMATION

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*. The following information will be helpful to the CST program staff in making your child's participation comfortable, safe and pleasant.

Student School Accident Insurance	Yes / No	
Allergies (e.g., specific drugs, certain foods, insect stings, hay fever)	No / Yes, Specify:	
Reaction(s) to above:		
Carries Epi Pen?	Inhaler?	Medical Alert Bracelet?
Yes / No	Yes / No	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

Must be different from Parent/Guardian

Name :	Phone:
Name :	Phone:
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 judgement 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

X

Signature (Parent/Guardian)

2nd of 3 required signatures

PROGRAM PICK-UP

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 alternate 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 :	Phone:
Name :	Phone:

*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.

X

Signature (Parent/Guardian)

3rd of 3 required signatures

***Please pick up your child promptly at 4:30 pm at the end of each session. Thank you!**

We invite your suggestions and feedback about our after-school programs. Please help us to serve your school better and share your ideas with us!

HASTINGS
ELEMENTARY SCHOOL

TEMPLETON COMMUNITY PROGRAMS

MONDAYS, APRIL 16 — JUNE 4

SPRING 2018



Spring Term Registration

Monday, April 9th

In-person registration (first come, first served) at 3:00pm
outside the main office

Important Information—Please Translate

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

Información importante - Por favor traducir

Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki sali sa sariling wika



United Way
Lower Mainland



PROGRAM INFORMATION

All programs will run on Mondays at your school from 3:05 to 4:30pm

If your child will not be attending their program, please email the CST programmer before 2pm or your school's main office.

PROGRAM DATES

Session 1	Monday, April 16th
Session 2	Monday, April 23rd
Session 3	Monday, April 30th
Session 4	Monday, May 7th
Session 5	Monday, May 14th
Session 6	Monday, May 28th
Session 7	Monday, June 4th

*No session on May 21st, due to Victoria Day holiday

Junior Chefs (grades 1-3) - 10 spots *Rm 106*

Cook up something healthy and delicious that we can enjoy eating together, and leave with your very own cookbook!

Hastings Hoops (grades 5-7) - 15 spots *Gym*

All levels of experience welcome, to engage in fitness techniques and work on basketball skills!

*Snacks will be provided

For any questions or concerns:

TCST Programmer: Kirsten Mendonca, Mon-Thurs 11am-5pm

kmendonca@vsb.bc.ca

REGISTRATION

Junior Chefs *grades 1-4*
\$35 for 5 sessions on Mondays, 3:00- 4:30pm

Hastings Hoops *grades 5-7*
\$30 for 5 sessions on Mondays, 3:00 - 4:30pm

Payment

Total: \$ _____

Method: Cash

Cheque (Payable to Vancouver School Board)

Financial Hardship Policy: The Board of Education Trustees is committed to ensuring that no school-aged 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 their child's teacher, school counsellor, the school Principal or Community Schools Team staff.

The mandate of Vancouver School Board's Community Schools Teams is to provide targeted/universal programs and services that directly support students in the following ways:

- **Attendance**
- **Academics**
- **Social Emotional Learning**
- **Community Connectedness**
- **Grade to Grade Transitions**

Out of school time programs have a positive impact on the development of children and youth and it is our goal and mission to help provide opportunities that meet their developmental needs.

For more information about the VSB's Community Schools Teams and our mandate, please go to:
<http://www.vsb.bc.ca/communityschoolteams>

PARTICIPANT INFORMATION

Student Name:		Gender: M / F / Other	
Age:	Birthdate: MM/ DD/ YYYY	Grade:	Division:
Address:		Postal Code:	
Parent/Guardian Name:			
Relationship to participant:			
Home #:	Cell #:	Work #:	
Email:			

PARENT/GUARDIAN CONSENT

This is important. Please review its content carefully prior to providing permission for your child to participate in select programs with the Templeton Community Schools Team for 2018.

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 as risk of injury due to accident while participating in these activities.

Date: _____ Name (Please Print) _____

X

Signature (Parent/Guardian)

1st of 3 required signatures