

## Emergency Medical Information

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*. 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 School Accident Insurance? <input type="checkbox"/> No <input type="checkbox"/> Yes
Allergies (e.g., specific drugs, foods, insect stings, hay fever, etc.) <input type="checkbox"/> No <input type="checkbox"/> Yes, Specify:
Reaction(s) to above:
Does student have Epi Pen? <input type="checkbox"/> No <input type="checkbox"/> Yes, Location:
Date or year 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 contact:

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 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.

<b>X</b>
Signature (Parent/Guardian Signature) <b>2<sup>nd</sup> of 3 required signatures</b>

## 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 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:

1. Name:	Phone:
2. 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.

<b>X</b>
Signed (Parent/Guardian Signature) <b>3<sup>rd</sup> of 3 required signatures</b>

## About Tupper CST

The Tupper Community Schools Team (TCST) of the Vancouver Board of Education (VBE) offer programs and services to support vulnerable students in four areas: nutrition, academics, social-emotional functioning, and community connectedness.

Qualified and trained staff and students of Tupper Secondary School lead these after-school programs.

Our Student Leaders are a dedicated group. Some of them started out as participants of CST programs in elementary school, then completed their Leader Training upon coming to high school at Tupper.

**For more information,  
please call 604-713-5706  
Or visit [www.tuppercst.com](http://www.tuppercst.com)**

Tupper Community Schools Team (TCST)

# After-school Programs

[www.tuppercst.com](http://www.tuppercst.com)

*Sir Richard McBride*

Spring 2018: April 20—June 8

**Tuesday**

**Master Chef**

Grades 2-3



**Friday**

**Superhero Training**

Grades 1-3



**Friday**

**Creative Kids**

Grades 3-4

**Please note**

**NO PROGRAMS ON:**

***Fridays: April 27 & May 18***

Important Information – Please Translate

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Thông tin quan trọng - Xin phiên dịch

Mahalagang Impormasyon - Paki salin sa sariling wika

Información importante - Por favor traducir



## Tuesday Programs April 24—May 29

**Master Chef** Grades 2-3 Room: Staff Room

**6 Sessions on Tuesdays: 3 to 4:30pm**

Explore the world of cooking with our Master Chef team! Learn to make yummy, healthy snacks that excite your taste buds and learn the basics of culinary arts and healthy diets.

## Friday Programs April 20—June 8

**Superhero Training** Grades 1-3 Room: Gym

**6 Sessions on Friday: 3 to 4:30pm**

Train like your favourite super heroes or create your very own super hero Identity. We use fun games, activities and arts and crafts to learn those important super hero skills needed to save the WORLD!

**Creative Kids** Grades 3-4 Room: Lunch Room beside Gym

**6 Sessions on Fridays 3 to 4:30pm**

Let your imagination out to play as we create all kinds of masterpieces. We'll paint, draw, craft and create, with the only limit on what we make being how big we're willing to imagine!

**\*NO FRIDAY PROGRAMS  
April 27 & May 18 \***

We strive to maintain consistency and we value your ideas and feedback. Should you have any questions or concerns, please contact:

**Emily Rosa (Friday programs)** 604-802-7106  
Tuesday, Wednesday & Friday from 10am—5pm, or  
email: [erosa@vsb.bc.ca](mailto:erosa@vsb.bc.ca)

**Olivia Zwick (Tuesday programs)** 604-833-4308  
Mon, Tues, Thurs & Friday from 10am—5pm, or  
email: [ozwick@vsb.bc.ca](mailto:ozwick@vsb.bc.ca)

Please cut along this line and keep this panel.

## Registration

- Master Chef** Grades 2-3  
\$40 for 6 Sessions on Tuesdays, 3 to 4:30pm
- Superhero Training** Grades 1-3  
\$40 for 6 Sessions on Fridays, 3 to 4:30pm
- Creative Kids** Grades 3-4  
\$40 for 6 Sessions on Fridays, 3 to 4:30pm

Payment:

- Cheque: Made to Vancouver School Board
- Cash: Exact change please

### 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 their child's teacher, school counsellor, and/or the school Principal. **Please contact us regarding any questions regarding program bursaries.**

### In Person Registration:

**When: Tuesday April 10 @ 8:15am**  
**Location: Intermediate Lunch Area**

**All information must be filled out on  
all pages of this brochure.**

**First Come, First Served**

**12 spots per program**

## Participant Information

Student Full Name:	Age:
Address:	Postal Code:
School:	Grade: Division:
Parent/Guardian Full Name:	
Home Phone:	Cell:
Email:	
<i>(Used only for the purpose of program cancellation or important information)</i>	

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## Parent / Guardian Consent

### **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 select programs with the Tupper Community School Team for the duration of the 2017-18 school year.

### **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.

Date:	Phone:
Name of Parent/Guardian:	

**X**

Signature (Parent/Guardian Signature)

**1<sup>st</sup> of 3 required signatures**