

# Central & Minnekhada Community Schools

School District No. 43 (Coquitlam)

2260 Central Ave., Port Coquitlam BC V3C 1V8 Phone: (604) 941-0355 Fax: (604) 941-6421  
1390 Laurier Ave., Port Coquitlam BC V3B 2B8 Phone: (604) 230-1233 Office (604) 942-0261



## SPRING BREAK DAY CAMPS

### THE "SCHOOL OF WONDERSTANDING" - 2013

Year Six!! The Professional Development Program at Simon Fraser University is excited to offer four days of hands-on, action-packed activities this **Spring Break** from **Monday, March 25<sup>th</sup>** through **Thursday, March 28<sup>rd</sup>**, 2013 for students from **K-5**, at **Central Community School** and for students from **K-7** at **Minnekhada Community School**. Activities will run from **9:00 a.m. - 2:45 p.m.** each day.

This unique opportunity is part of a wonderful community partnership between Simon Fraser University and School District 43. During the four days of our "School of Wonderstanding," students will participate in a number of different activities such as cooking, crafts, indoor/outdoor games, dance/sports, science experiments and drama and of course FUN!! All sessions are fully supervised by Student Teachers in the Professional Development Program, as part of their teacher training program, working along side certified teachers. Each session is designed to excite and delight participants with hands-on, creative learning opportunities to strengthen the connection of "wonder" and "understanding" for the world around us.

The cost for all 4 days of activities is \$50 per student, which includes supplies and materials. Participants will need to bring a bag lunch, dress comfortably and - be prepared to have fun!

Sincerely,

Zahara Rawji

Paul Greveling

Susan Jeffery

*Faculty Associates*

Leanne Ewen

*Community Learning Coordinator*

Simon Fraser University

Heather Roemer - **Central Community School**

Community School Coordinator

School District 43 **604 464-0207**

Steve Brown-John - **Minnekhada Community School**

Community Schools Hub Coordinator

School District 43 **604 230-1233**

**Please fill in the registration form and return with payment by Friday March 8<sup>th</sup>, 2013.**

Please bring completed registration and payment to the offices at Central or Minnekhada Community Schools. Please make cheques payable to the:

#### **SCHOOL OF WONDERSTANDING.**

There are a limited number of spaces. Priority will be given to those first registered and paid. You will be contacted only if the program is full or cancelled. Sorry, we cannot accept telephone registrations.

If you must cancel, please contact Leanne Ewen 604-512-8501 as soon as possible. Refunds may not be available after the Camp begins.

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#### **BEHAVIOUR POLICY:**

Please ensure that your child wants to attend this program. These programs are not designed or staffed to deal with behaviour issues. A single child's negative behaviour can seriously impact the enjoyment for other participants. For the sake of the camp, if a child's behaviour is continually disruptive, parents will be contacted and the child will be removed from the program.

# SCHOOL OF WONDERSTANDING – REGISTRATION - 2013

(Please Print Clearly)

Please choose Camp location: \_\_\_\_\_ Minnehada or \_\_\_\_\_ Central

CHILD'S SCHOOL: \_\_\_\_\_

CHILD #1 \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_ Medical # \_\_\_\_\_

CHILD #2 \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_ Medical # \_\_\_\_\_

CHILD #3 \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_

DOCTOR \_\_\_\_\_ Phone \_\_\_\_\_ Medical # \_\_\_\_\_

PARENT(S)/GUARDIAN(S) \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

Medical Concerns-Child's Name \_\_\_\_\_

Please put my child with: Name \_\_\_\_\_

My Child(ren) will be picked up at 2:45 pm by: \_\_\_\_\_

(NAME / RELATIONSHIP)

My Child(ren) has permission to walk home: \_\_\_\_\_ Yes \_\_\_\_\_ No

I/We agree that our child(ren) will follow all reasonable directions and instructions given by the School of Wonderstanding, Instructors in connection with the operation of the Program.

I/We release and forever discharge School District #43, SFU, School Staff and Program Instructors of, and from, all manner of actions, claims, and demands of whatever nature which result from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any "School of Wonderstanding", or any Community School program, service or event.

In the event that our child(ren) is/are injured, ill or in need of immediate medical attention and I/we are unable to be contacted, I/we authorize school district staff, instructors and volunteers to seek medical attention on my/our behalf.

I/We Authorize School District #43 and SFU's Professional Development Program, to use at their discretion, any photographs or video taken containing our Child(ren)'s images, while participating in the "School of Wonderstanding," Community School programs, services and events, for brochures or other promotional, educational or informational reasons.

I DO NOT want my child(ren) photographed and/or video taped

Child Name(s): \_\_\_\_\_ Signed: \_\_\_\_\_

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_