

SCHOOL DISTRICT #43 COMMUNITY SCHOOL'S

SUMMER DAY CAMPS

FOR 2011



Our Community School's are pleased to offer SIX - WEEK LONG Summer Day Camp Programs in July and into August. Camps will be held at the following Community Schools:

PITT RIVER
2070 TYNER STREET
PORT COQUITLAM BC
604 464-0207
FAX 604 941-2711
AGES 6 – 12 YEARS

SEAVIEW
1215 CECILE DRIVE
PORT MOODY BC
604 230-1233
FAX 604 936-9992
AGES 6 – 12 YEARS

Our Day Camp Leaders will plan daily/ weekly activities reflecting the following areas:

- *Recreation and Games, Arts and Crafts, some Science Activities*
- *Field Games and outdoor Sports - weather permitting/Park Outings*
- *A Reading and Library program*
- *A BBQ / fun day each week*
- *Swimming at local pool (fees apply) form will be sent home each session/week*
- *A weekly big screen movie with popcorn and juice*
- *There may also be guest leaders with special activities or presentations*

Weekly activity schedules are still to be worked out by the Camp Leaders and they will be available at the beginning of the first day of camp. **Camp Hours are: 9 AM – 3PM. Drop off at 8:45 am Pick up by 3:15pm**

•	Week / Camp 1	July 4 th – July 8 th	<u>Please Note:</u> Week # 5 is Only 4 Days
•	Week / Camp 2	July 11 th – July 15 th	
•	Week / Camp 3	July 18 th – July 22 nd	
•	Week / Camp 4	July 25 th – July 29 th	
•	Week / Camp 5	Aug 2 nd – Aug 5 th	
•	Week / Camp 6	Aug 8 th – Aug 12 th	

To Register: Forms are available at each school or download from the following websites:

www.sd43.bc.ca/seaview

www.sd43.bc.ca/pittriver

Please complete the following form (both sides please – pages 3 & 4) and return with payment in cash or a cheque(s) payable to the Community School office of the Summer Camp Program of your choice. For more information contact:

Pitt River Camps: Heather Roemer at 604 464-0207 or hroemer@sd43.bc.ca

Seaview Camps: Steve Brown-John at 604 230-1233 or sbrown-john@sd43.bc.ca

Before and After Camp Care:

May be available for each Community School Camp from the licensed providers listed below:

Pitt River: Karalot Daycare Contact Renata 604-941-3039

Seaview: Dana at 604 765-4022 or seaviewmontessori@shaw.ca

Camp drop off and pick up times are: **8:50 AM for drop off and by 3:05 PM for pick up.** Children attending **Before and After Care** will be picked up by camp/daycare staff from, and returned to, these programs.

Children not picked up on time *may* be taken to the **Before and after Care** provider and a fee for service *will* be charged. Summer Camp Leaders cannot work beyond their appointed hours.

The cost per child for the Summer Day Camp Programs are as follows:

The full week programs are \$90 (Weeks 1, 2, 3, 4 & 6). Week 5 (4 days) is \$75. The cost for Seaview and Miller Park students is discounted reflecting the ongoing support of their PAC's. Pitt River and Central Community Schools will receive a coupon discount. Please see the attached fee schedule.

> A single day or individual day(s) registrations, *if space is available*, will be \$20 per day.

Please Note: These programs fill very quickly and spaces are limited. Registration will be done on a "*first come - first paid basis*". In order to reserve your child's/children's spot(s), all program fees will need to be paid in advance by **June 15th**. Post dated cheques, dated prior to the week you are registering for, are acceptable. Late Registrations, space permitting, will be accepted. Note: the school offices will be closed after Wednesday June 30th. Registration and payment after that date must be done at the Camp.

Please make all cheques payable to the desired Community School

Cancellations after Thursday June 25th will be subject to a \$20 per week Service Charge.

Dishonoured cheques will be subject to a \$35 charge. **Replacement** receipts \$5.

Financial assistance may be available. For more information contact:

Steve Brown-John 604 230-1233 sbrown-john@sd43.bc.ca or Heather Roemer 604 464-0207 hroemer@sd43.bc.ca

Where eligible -application for financial subsidies is the responsibility of the parent.

REALLY, REALLY IMPORTANT ADDITIONAL INFORMATION

Camp participants **MUST** bring the following items each day they are at camp:

- * Lunch and snacks
- * Change of clothes
- * Sun Screen
- * Water Bottle labeled with your Child's Name
- * Hat
- * A Smile

Please ensure that your children do not bring money (unless requested) or personal items to camp. (*Please no Cell Phones, iPods, etc*). Community School's will not be responsible for any lost or stolen items.

- It is essential that we have a completed registration form for each child in the event of an emergency. (Carecard Numbers, contact information, emergency contacts, additional medical information - page 3)
- Please make sure that you state clearly which week(s) you are registering for on the Registration Form and please include payment (cash or cheque only).

Parent, caregivers or legal guardians will be required to sign their child(ren) in and out each day. If your child(ren) is/are allowed to wait or walk home on their own we must have a written and dated consent (page 4). A child (ren) **will not be released** until the adult, who has signed in their child(ren) that day, arrives to pick them up or contact has been made for an alternate arrangement. Ministry of Children and Families guidelines will be strictly followed for children who are not picked up.

For additional registration inquiries or for more information, please contact:

- Steve Brown-John - Community Schools Coordinator for Miller Park and Seaview Community Schools at 604 230-1233 or sbrown-john@sd43.bc.ca OR
- Heather Roemer Community Schools Coordinator for Pitt River and Central Community Schools at 604 464-0207 or hroemer@sd43.bc.ca

SD #43 Community School Summer Camp Registration 2011
Please use a separate form for each child & PLEASE PRINT

Child's Name: _____ Age: _____ Birth date: _____

Care Card / Medical #: _____ School: _____

Parent / Guardian: _____ Home Phone: _____

Address: _____ Cell: _____

Email: _____ Work: _____

Emergency Contact: _____ Phone: _____

Doctor: _____ Phone: _____

Please list any allergies and/or medical concerns: _____

Please indicate which camp you are registering for

Pitt River / Central (Port Coq) _____

Seaview (Port Moody) _____

Cost:

Community School Cost (Coupon)

Camp 1: July 4 – July 8, 2011 \$90.00 \$ _____ \$80.00 _____

Camp 2: July 11 – July 15, 2011 \$90.00 \$ _____ \$80.00 _____

Camp 3: July 18 – July 22, 2011 \$90.00 \$ _____ \$80.00 _____

Camp 4: July 25 – July 29, 2011 \$90.00 \$ _____ \$80.00 _____

Camp 5: Aug. 2 – Aug. 5, 2011 \$75.00 \$ _____ \$70.00 _____

Camp 6: Aug. 8 – Aug. 12, 2011 \$90.00 \$ _____ \$80.00 _____

TOTAL FEES: \$ _____

Method of Payment: Cash _____ Cheque _____ Cheque # _____

Official receipts will be available in September for pick up. Please Note: Replacement receipts will be subject to a \$5.00 charge.

Please complete the Waiver

SD #43 Summer Camp Registration 2010

Permission / Waiver

Initial _____ My child has permission to attend functions associated with the Program (Specific details will be provided before the activity).

Initial _____ My child will be picked up by: _____

Or _____

Initial _____ My child will walk home.

Initial _____ I/We authorize School District #43 to use photographs taken Of our son/daughter while participating in Community School Programs, services, and events for Community School Brochures and promotional events.

- I/We agree that our son/daughter will follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of the Community Schools of School District #43 Coquitlam.
- I/we release, remise and forever discharge School District #43, school district staff, program instructors and partner of the Community Schools of and from all manner of actions, claims and demands of whatever nature which results from any accidental injury, loss of expense sustained, arising out of or in any way connected with participation in any Community School program, service or event.
- In the event that our son/daughter is injured, ill, or in need of medical attention and I/We are unable to be contacted, I /We authorize School District Staff, program instructors and volunteers to seek medical attention on my/our behalf.
- I/We give permission for our son/daughter to participate in out trips to local community parks, facilities, events including public transportation if required.

Signature of Parent or Guardian: _____

Dated: _____ 2011

Thank You