

“ALL ABOUT ME!”
REGISTRATION INFORMATION

Tri Cities Transitions and Birchland “All About Me” Program - Tuesday and Thursday 2:50 – 4:00

*** SPOTS WILL BE FILLED ON A “FIRST COME FIRST SERVE BASIS” ***

We will have Activity Workers at Birchland to do fun activities with kids after school who are interested in arts, reading, gym time and a variety of other social activities. This is a free program put on by the Tri Cities Transitions Society and School District #43 in which kids learn and practice healthy behaviours and relationship skills expressed through Arts, Music, Social, and Gym times.

Registration Oct 7 – Oct 14

**PROGRAM DATES: Tuesday / Thursday
Tuesday, October 20th to Thursday, December 10th
2:50 – 4:00 pm**

Registration will be first come first served.

**Completed forms can be e-mailed to : [Birchland@sd43.bc.ca](mailto: Birchland@sd43.bc.ca)
Or dropped off at the office.**

There is a healthy snack fee of \$0.75 for each session (\$12 total).

As the programming is provided free of charge we do request that all families contribute for the snacks, however if your current circumstances do not allow you to please contact Mr. Pearse at the school to discuss.

Please send a cheque for \$12 payable to Birchland Elementary with your registration form. If there is no space left in the program we will return your cheque to you.

To guarantee your child’s spot please return the attached forms to the Birchland School Office as soon as possible.

We will confirm your registration status with you via e-mail (if provided) or phone to let you know if you have a space or if you are on the waiting list for a space.

**Coquitlam SD43 Birchland Elementary School
Registration Form**

“All About Me” Oct – Dec 2015

Registration Period Oct 7 – 14 (first come first serve)

NAME OF STUDENT (Please list the names of all children you would like to register)	
STREET ADDRESS	
CITY & POSTAL CODE	
PARENT/GUARDIAN NAME	
PARENT ADDRESS IF DIFFERENT	
PARENT PHONE NUMBERS	
EMAIL ADDRESS	
EMERGENCY CONTACT NAME & PHONE NUMBERS	
GRADE (For all children you are registering)	
CARECARD # (For all children you are registering)	
MEDICAL ALERTS /ALLERGIES MEDICATIONS	
<i>Office Use Only</i>	Received by: _____ Received on: _____ (date/time)

Please Fill Out and Return Both Waiver and Registration Form

Waiver

Full Name of Child(ren) : _____

For more information please contact the Birchland Office at 604 941-3428 or email fpearse@sd43.bc.ca

Behaviour Policy: Please ensure that your child *wants* to attend the program that they are registered for. These programs are not designed or staffed to deal with behavior issues. If a child's behavior interferes with the program, he/she will receive notice that the behaviour is unacceptable. Should a second incident occur the child will be given a time out. A third incident will sideline the child for the remainder of the session. Parents will be contacted regarding ongoing serious behavior issues and if it is determined the child is unable to manage in the program(s).

My child will be picked up after the program by (list first, last name, and relationship of all)

_____ NAME / RELATIONSHIP

_____ (Initial) My child has permission to walk home or to daycare.

W A I V E R

I/We agree that our child(ren) will follow all reasonable directions and instructions given by the Program Instructor(s) in connection with the operation of any and all Community Schools Programs offered in School District #43. (Please refer to the Behaviour Policy in this brochure).

I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the School 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 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, Program Instructors and volunteers to seek medical attention on my/our behalf.

I/We authorize School District #43 to use, at their discretion, any photographs containing our child(ren)'s images taken while participating in Community School programs and events for Community School brochures and promotional materials.

SIGNED _____ DATED _____

PLEASE SEND WAIVER AND REGISTRATION FORMS TOGETHER