

**RED WOLF SUMMER CAMP**

**REGISTRATION FORM**

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| --- | --- |
| **NAME OF STUDENT**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| STREET ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| CITY & POSTAL CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **PARENT/GUARDIAN NAME****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |  |
| PARENT ADDRESS (if different then student)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| PARENT HOME NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL:\_\_\_\_\_\_\_\_\_\_\_ |  |
| **EMERGENCY NAME& NUMBERS**:1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 |  |
| PARENT EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| GRADE: \_\_\_\_ SCHOOL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| CARECARD #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| **MEDICAL ALERTS:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_please see reverse side) |  |
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**RED WOLF SPIRIT ADVENTURES**

Behavior Policy: Please ensure that your child wants to attend the program and that they will respect the rules and expectations of the program. If a child’s behavior interferes with the program, he/she will receive notice that their behavior is unacceptable. Should a second incident occur the child might lose the privilege of participating in some or all of the activities planned. Parents will be contacted regarding ongoing serious behavior issues and if it is determined the child is unable to be respectful of the program they may be dismissed from the remainder of the program.



My child will be picked up after the program by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME / RELATIONSHIP



My child has permission to walk home.

**WAIVER**

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 Behavior Policy in this brochure). I/We release and forever discharge School District #43, school staff, Program Instructors and partners of the Community Schools 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 after 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 after school programs and events for Community School brochures and promotional materials.

SIGNED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATED\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO NOT SEPARATE WAIVER AND REGISTRATION FORMS SEND TOGETHER

PLEASE INDICATE WITH A CHECKMARK WHICH WEEK(S) CAMP(S) YOU ARE REGISTERING YOUR CHILD FOR. PLEASE INSURE THAT YOUR CHILD IS REGISTERED IN THE APPROPRIATE CAMP FOR THEIR AGE.

CAMP WILL BE HELD AT RIVERSIDE SECONDARY IN PORT COQUITLAM

**Checkmark Camp Week Cost Days Total Age**

\_\_\_\_ Camp 1 July 8-12 $50 Mon-Fri 5 days 8-10

\_\_\_\_ Camp 2 July 15-19 $50 Mon-Fri 5 days 8-10

\_\_\_\_ Camp 3 July 22-26 $50 Mon-Fri 5 days 8-10

\_\_\_\_ Camp 4 July 29-Aug 2 $50 Mon-Fri 5 days 11-13

\_\_\_\_ Camp 5 Aug 6-9 $40 Tues-Fri 4 days 11-13

\*PLEASE MAKE CHEQUES OUT TO COQUITLAM SCHOOL DISTRICT#43 (ABORIGINAL EDUCATION)

NSF Cheques will be charged an additional charge that equals the bank charge. Cash or Money Order may be required for future registration payments.

 Cancellation Policy

Cancellations must be done prior to start of program or event to receive a full refund.  A refund cheque will be processed from the school and mailed or be available for pick up. Refunds after the start of the programs will be pro-rated to per class cost.

**Summer Camp Cancellation Policy** - please check the Summer Camp registration forms for the Cancellation Date.  A full Refund will be given for any cancelled weeks prior to that date.  Any cancellations after that date will be charged a $20.00 Admin Fee for each week cancelled.  If you cancel during the camp refunds will not be issued until September when the School Accounting Clerk returns.

 Important Additional Information

Camp participants **MUST** bring the following items each day:

* Sun screen
* Hat
* Change of clothes

 Water bottle with child's name

Please contact Malcolm Key, Aboriginal Community Program Coordinator, SD#43 should you have any questions at 604-600-9350