

AWESOME AFTERSCHOOL PROGRAMS HOMEWORK HAVEN

Cougar Canyon Elementary School
Grades: 4 - 7

Homework Haven offers the opportunity to build good study habit and receive affordable and effective tutoring from senior high school and university level students! We're here to ensure all participants receive the necessary support and guidance in all their subjects. Participants may bring their own homework to work on or receive additional material that will help enhance their learning ability.



Program Details:

Location: Library

Date: Every Thursday (starting on November 8th and ending on Dec. 13th)

Time: 3:15pm to 4:15pm

Cost: \$30.00

(Please make cheques payable to **Delta School District**. If paying by cash, please provide **exact change**)

Deadline: Thursday, November 1st, 2018

Registration Process:

Please complete the two attached forms and hand them into the main office of your school. Along with the forms, please include your payment for the program. Once your registration has been processed, Community Schools Partnership will email you a confirmation. Please ensure that you include your email on the registration form.

Programs to Look Out For:

Play Days

This is a single-day camp that runs from 9am to 3pm on Pro-D. Days. The next camp will be held at North Delta Secondary School on Fri. Nov. 23rd. All students in grades kindergarten to grade 7.

Winter Day Camps

This is similar to Play Day however, it will run during Winter Break. This day camp will be 9am – 3pm at North Delta Secondary School. The camp will run in 2 sessions: Wed. Dec. 26th to Fri. Dec. 28th and Wed. Jan. 2nd to Fri. Jan. 4th.

Please keep this page for reference

For more information please contact Nisha Ram or Neha Sharma at communityschools@deltasd.bc.ca or (778)990-5539.

In Partnership with

**COMMUNITY SCHOOLS PARTNERSHIP
REGISTRATION AND MEDICAL DISCLOSURE FORM**

Cougar Canyon Elementary – Homework Haven

Please Complete this form and attach payment.

Student Information

Name:	Grade:	Birth Date:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	

Parent / Guardian Information

Parent/Guardian's Name:		Parent/Guardian's Name:	
E-mail Address:		Secondary E-mail Address:	
Home Number:	Cell Number:	Work Number:	
Address:			
City:	Province:	Postal Code:	

Medical Information

B.C. MSP Health Number:	Date of last Tetanus Shot:	
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation in the stated program/activity:		
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modification or activities your child cannot participate in)</i>		

Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact #1 Name:	Relationship:	Home Phone:	Cell Phone:
Emergency Contact #2 Name:	Relationship:	Home Phone:	Cell Phone:
Name of Physician:		Physician Phone Number:	

Additional Information

How will your child be getting home? Walking Pick up (who will be picking up your child?) _____
 I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No

Acknowledgement of Consent and Risk

Parent/ Guardian who is filling this form: I _____ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, 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.

The qualified staff and 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, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

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.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

<p>Office Use Only: Reg. Confirmation: X _____ Date: _____ Photocopied <input type="checkbox"/> Input <input type="checkbox"/> Receipt <input type="checkbox"/> <input type="checkbox"/> CASH – or – <input type="checkbox"/> CHEQUE Cheque Provider Name: _____ Cheque #: _____</p>
