

AWESOME AFTERSCHOOL PROGRAMS LEGO LOVERS

Cougar Canyon Elementary School Grades: K - 7



Lego Lovers will include projects and challenges to expand participants' creativity and give participants the opportunity to create new communities and technology. These activities will be based on more general themes for each week. Some of themes from the past have included: cities, neighborhoods, parks, transportation vehicles, and more! Leaders encourage participants to showcase their individuality and bring their wildest creations to life. This program will run once a week for 6 consecutive weeks.

Program Details:

Location: Library

Date: Every Tuesday (starting on November 6th and ending on Dec. 11th)

Time: 3:15pm to 4:15pm

Cost: \$30.00

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

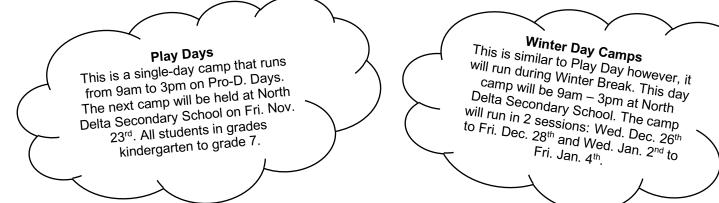
exact change)

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:



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.





COMMUNITY SCHOOLS PARTNERSHIP REGISTRATION AND MEDICAL DISCLOSURE FORM

Cougar Canyon Elementary – Lego Lovers

Please Complete this form and attach payment.

Student Information								
Name:		Gra	Grade:		Birth Date:		Sex:	
Primary Address:				•				
City:			Province:		Postal Code:			
Secondary Address: (Optional)		· ·						
City:			Province:		Postal Code:			
Parent / Guardian Information		•						
Parent/Guardian's Name:				Parent/Guardian's Name:				
E-mail Address:	Second	Secondary E-mail Address:						
Home Number: Cell Number			Work Number:			ber:		
Address:	•				•			
City: Pro			vince:		Postal Code:			
Medical Information								
B.C. MSP Health Number:				Date of last Tetanus Shot:				
Allergies: (i.e. foods, insect stings,	hay fever)							
Reactions to allergies:								
Carries Epi Pen: Yes No	No	No Medical Alert Bracelet: Yes No						
Carries Epi Pen: Yes No Inhaler: Yes No Medical Alert Bracelet: Yes No Medical/Physical conditions that may affect participation is the stated program/activity:								
Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatments of such):								
Additional Comments: (i.e. request for program modification or activities your child cannot participate in)								
Emergency Contact Information	(Other than Pare	nt/Cuardi	an)					
Emergency Contact #1 Name:	Relationship:		Home P	hone:		Cell Phone:		
Emergency Contact #2 Name:	Relationship:	Relationship:		Home Phone:		Cell Phone:		
Name of Physician:			Physicia	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	eby give the Community taining the best of such service I also understand that in the
The qualified staff and volunteers have had their references checkgroup management, program planning, first aid, and other relevant volunteers and staff will take reasonable steps to prevent injuries is inherent in the nature of these activities and may occur without school board, its employees or community partners, or the facility place. By allowing your child to participate in these activities you described are suitable for your child, and that there is a risk of injunctivities.	to students, some degree of risk fault on the part of the student, where the activity is taking are agreeing that the activities
☐ My child has been informed that he/she is to abide by the rules directions and instructions from the school's and/or service provins instructors, and supervisors, overall all phases of the programs/ac ☐ In the event my child fails to abide by these rules and regulation require his/her exclusion from further participation, or that I be computed in the supervisors may secure transport to empthey deem necessary for my child's immediate health and safety, responsible for such services.	der's administration, tivities. ons, disciplinary action may ontacted to have him/her picked hergency medical services as
I,(Name of pa	arent/guardian) give permission
activities described. I understand that my child may be exposed to while participating in these activities.	
Parent/Guardian Name:	_
Parent/Guardian Signature:	<u> </u>
Date:	
Office Use Only: Reg. Confirmation: X Date: Photocopied	□ Input □ Receipt □
CASH – or – CHEQUE Cheque Provider Name:C	Cheque #:

