

SCHOOL DISTRICT #43 COMMUNITY HUB SCHOOL

SUMMER DAY CAMP

2013



Our Community Hub School is pleased to offer 6 WEEKS OF 1 WEEK LONG Summer Day Camp Programs. From; July 2nd to August 9TH 2013. Camps will be held at the following Community Hub School:

MONTGOMERY MIDDLE
1900 EDGEWOOD AVE.
COQUITLAM BC
PHONE: 778.229.9273

DATES: JULY 3 TO AUG 10
MON-FRI 9AM TO 2:45 PM
AGES 6-12
\$95.00 A WEEK

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

- *Recreation and Games, Arts and Crafts, Science Activities*
- *Field Games and outdoor Sports - weather permitting/Park Outing*
- *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*

*SIGN IN AT MAIN ENTRANCE
ON EDGEWOOD AVE.*

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 – 2:45 PM. Drop off at 8:45 am Pick-up by 3:00pm

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|-----------------|---|
| • Week / Camp 1 | Tues. July 2 nd – Fri. July 5 th * 4 DAY WEEK NO MONDAY |
| • Week / Camp 2 | Mon. July 8 th – Fri. July 12 th |
| • Week / Camp 3 | Mon. July 15 th – Fri. July 19 th |
| • Week / Camp 4 | Mon. July 22 nd – Fri. July 26 th |
| • Week / Camp 5 | Mon. July 29 th – Fri. Aug 2 nd |
| • Week / Camp 6 | Tues. Aug 6 th – Fri. Aug 9 th *4 DAY WEEK NO MONDAY |

To Register: Forms will be available at each school or download from the following website:

www.sd43.bc.ca/maillard

Left click “Programs & Services” and then left click “Community Hub”

Please complete the following forms Registration and Waiver and return with payment in cash or a cheque(s) payable to MAILLARD MIDDLE SCHOOL REGISTRATION MAY BE MAILED OR DROPPED OF AT MOTGOMERY OR MAILLARD HUB COMMUNITY SCHOOL.

Montgomery Camp Information:

CONTACT COORDINATOR: Paul Dondo at 778.229.9273 or EMAIL: pdondo@sd43.bc.ca

Before and After Camp Care:

Camp drop off and pick up times are: 8:45 AM for drop off and by 3:15 PM for pick up. Children attending Daycare before and after camp should be dropped & picked up by daycare staff. Make sure that the Daycare information is included on the registration form for Summer Camp.

SUMMER CAMP LEADERS CANNOT WORK BEYOND THEIR APPOINTED HOURS.

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

The full week programs are \$95 (Weeks 2, 3, 4 & 5). Week 1 & 6 (4 days) is \$85. Montgomery & Maillard Middle Schools and Mundy Rd. & Cape Horn Elementary are the Hub Schools that 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 **CIRCLE THE DAYS ATTENDING EACH WEEK BELOW ON FEE SCHEDULE**

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 MAILLARD MIDDLE SCHOOL

Cancellations after Friday June 21st will be subject to a \$20 per week Service Charge.

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

PAYMENT PLANS MAY BE AVAILABLE For more information contact:

Paul Dondo 778.229.9273 pdondo@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*
- * *Sun Screen*
- * *Hat*
- * *Change of clothes*
- * *Water Bottle labeled with your Child's Name*
- * *A Smile*

Please ensure that your children do not bring money (unless requested) or personal items to camp. (*Please no Cell Phones, I Pods, 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. (Care Card 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:

- Paul Dondo Community Hub Schools Coordinator for Maillard Community Hub Schools at 778.229.9273
EMAIL: pdondo@sd43.bc.ca

SD #43 Community School Summer Camp Registration 2013
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: _____

FEE SCHEDULE

PLEASE **CIRCLE** THE DAYS
YOUR CHILD WILL ATTEND FOR THE DAILY RATE

REGULAR Cost: C.S (Coupon) DAILY (FULL)

<u>RECEIPT: COPY OF REGISTRATION</u>	<u>AMT</u>	<u>COUPON</u>	<u>AMT</u>	<u>#DAYS</u>	<u>AMT</u>	<u>CIRCLE DAYS</u>
Camp 1: July 3 – July 6, 2012	\$85.00 \$_____	\$75.00_____	_____x\$20_____			<u>M T W TH F</u>
Camp 2: July 9 – July 13, 2012	\$95.00 \$_____	\$85.00_____	_____x\$20_____			<u>M T W TH F</u>
Camp 3: July 16 – July 20, 2012	\$95.00 \$_____	\$85.00_____	_____x\$20_____			<u>M T W TH F</u>
Camp 4: July 23 – July 27, 2012	\$95.00 \$_____	\$85.00_____	_____x\$20_____			<u>M T W TH F</u>
Camp 5: July 30 – Aug. 3, 2012	\$95.00 \$_____	\$85.00_____	_____x\$20_____			<u>M T W TH F</u>
Camp 6: Aug. 7 – Aug. 10, 2012	\$85.00 \$_____	\$75.00_____	_____x\$20_____			<u>M T W TH F</u>

TOTAL FEES: \$_____ AMOUNT PAID: \$_____

Receipts for Summer Camp 2013 will be available for pick up on first day of camp attendance

Method of Payment: Cash _____ Cheque _____ Cheque # _____ Paid in Full _____ Coord. Initial _____

Paid by: Name of person paying: _____ Date: _____ 2013

Please complete the Waiver REQUIRED

SD #43 Summer Camp Registration 2013

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. YES _____ NO _____ PLEASE CHECK (REQUIRED)

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 / Grants 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: _____ 2013

Thank You