

COMMUNITY SCHOOLS PARTNERSHIP  
**Winter Break Day Camp**

CSP is excited for another year of fun filled Winter Break Day Camps! Each week, children will be able to learn new games, crafts, and other activities while working with one another. The camp will be winter themed and include New Year's crafts as well as out-trips with their peers.

**Program Details:**

**Location:** North Delta Secondary School: 11447 82 Ave, Delta, BC V4C 5J6  
**Date:** WEEK 1 – Monday Dec. 19<sup>th</sup> – Friday Dec. 23<sup>rd</sup>  
 WEEK 2 – Wednesday Dec. 28<sup>th</sup> – Friday Dec. 30<sup>th</sup>  
**Time:** 9:00am to 3:00pm each day  
**Cost:** WEEK 1 – \$125.00  
 WEEK 2 – \$75.00

**Registration Process:**

We will be using Continuing Education to register the participants. Go online to <https://cimsweb.deltasd.bc.ca/publicconnect/DEEvents.aspx>. (Search "North Delta Secondary" under the locations tab).

Each camp has a set capacity – therefore, although there is no set deadline to return forms and payment, we are unable to accept students once we've reached our maximum.

*Activities include, but are not limited to:*

| Week   | Activities  | Crafts   | Out-Trip (Thursdays) | Cost         |
|--|---|--|----------------------|--------------|
| Week 1:<br>Dec. 19 <sup>th</sup><br>– Dec.<br>23 <sup>rd</sup> | Winter Scavenger Hunt<br>Snowy Long Jump<br>4 Corner Soccer       | Red Nosed Reindeer Art<br>Paper Plate Polar Bears<br>Ornament Art  | Skating at Sungod    | <b>\$125</b> |
| Week 2:<br>Dec. 28 <sup>th</sup><br>– Dec.<br>30 <sup>th</sup> | Night at the Museum<br>New Years Scavenger Hunt<br>Snowball Relay | Snow Man Shadow Art<br>Winter Night Mosaic<br>New Year's Party Hat | Swimming at Sungod   | <b>\$75</b>  |

*All activities are subject to change.*

**Things to bring:** Children are expected to bring their own snack, lunch, and water bottle each day. We also suggest children to come with winter appropriate clothing in case the weather permits outdoor activities. In addition to this, participants are expected to wear running shoes and comfortable clothing for indoor activities. Masks are encouraged but not necessary.

For more information, please contact the program coordinators:

**Hemani Sharma**  
hsharma@deltaschools.ca

**Arshpreet Mander**  
armander@deltaschools.ca

**Tori Minty**  
tminty@deltaschools.ca

**\*\*\*Please have your child hand in the last two forms when they come on the first day\*\*\***

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**COMMUNITY SCHOOLS PARTNERSHIP  
 REGISTRATION AND MEDICAL DISCLOSURE FORM  
 Winter Break Day Camp – North Delta Secondary School**

Please Complete this form and pay online.

**Student Information**

|  |           |              |      |
|--|-----------|--------------|------|
| Name:  | Grade:    | Birth Date:  | Sex: |
| Primary Address:                                 |           |              |      |
| City:  | Province: | Postal Code: |      |
| Secondary Address: <i>(Optional)</i>             |           |              |      |
| City:  | Province: | Postal Code: |      |
| Swimming Ability (non-swimmer, fair, excellent): |           |              |      |

**Parent / Guardian Information**

|                         |              |              |  |
|-------------------------|--------------|--------------|--|
| Parent/Guardian's Name: |              | Email:       |  |
| Home Number:            | Cell Number: | Work Number: |  |
| Parent/Guardian's Name: |              | Email:       |  |
| Home Number:            | Cell Number: | Work Number: |  |

**Medical Information**

|  |   |  |
|--|---|--|
| B.C. MSP Health Number:  |   |  |
| 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 modifications – can attach additional form if you need more space)</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? i.e. walking alone, picked up by someone (name of person/people picking them up) \_\_\_\_\_

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

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**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: \_\_\_\_\_

| Please check which week(s) your child will be attending:                                  | Price |
|---|-------|
| <input type="checkbox"/> Week 1:<br>Mon Dec. 19 <sup>th</sup> – Fri Dec. 23 <sup>rd</sup> | \$125 |
| <input type="checkbox"/> Week 2:<br>Wed Dec. 28 <sup>th</sup> – Fri Dec. 30 <sup>th</sup> | \$75  |

**Office Use Only:**  
 Reg. Confirmation: X \_\_\_\_\_ Date: \_\_\_\_\_ **Photocopied**  **Input**  **Receipt**   
 Payment type: \_\_\_\_\_

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