

**COMMUNITY SCHOOLS PARTNERSHIP**
**Sunsational Summer DAYCAMPS 2023**
**Grades Kindergarten to 7, Open to all!**

Delta School District's Community Schools Partnership will be providing Summer Daycamps open to all. Our camps have amazing, experienced Community Leaders that have been trained and mentored to provide an amazing summer. The themed weeks, out-trips and activities planned will engage participants in fun high quality activities promoting summer fun, active health, and learning.

**Locations:** Choose between North Delta Secondary or Seaquam Secondary School

**Dates:** Choose 1 or 8 weeks

**Times:** 9:00am to 3:00pm

**Cost:** \$145/week \*\*\*Register for 3 or more weeks and save \$25/week\*\*\*

**Registration:** Please go to <https://cimsweb.deltasd.bc.ca/publicconnect/DEEevents.aspx> and create an account. Then search "North Delta Secondary or Seaquam Secondary" under the locations tab. **IF you are registering for 3 or more weeks please call: (604) 940-5550 TO SAVE \$25 PER WEEK**

**\*Please note that all activities and out-trips may change due to unforeseen circumstances\***

Week	Dates	Theme	Mini Out Trip	Main Out Trip	Main Craft
1	July 4 – 7 (short week)	Blast off to Summer	NDSS: NDRC Outdoor pool SSS: Talent Show	Play Land	Build or design a roller coaster
2	July 10 - 14	Outdoor Adventure	Scavenger Hunt	Deer Lake Boating	Create a nature themed ISPY on paper
3	July 17 – 21	Pop n Putt	NDSS: Movie Day SSS: Cineplex Movie	Savage Creek Golf Course	Design your own golf shirts
4	July 24 – 28	Ready Set Play!	NDSS: NDRC Outdoor pool SSS: Games Day	Central City Fun Park	Decorate roller blades with favourite summer activity
5	July 31 – Aug 4	Under the Sea	Water Fight	Centennial Beach	Jellyfish Craft
6	<b>Aug 8 – 11</b> (short week)	Keep on Rolling	-----	Bowling	Bowling pin name art
7	Aug 14 – 18	Splish Splash	NDSS: Movie Day SSS: Cineplex Movie	Watermania	Abstract wave painting
8	Aug 21 – 25	Sports Mania	Sports Day	Rock Climbing	Medals/ Trophies (your best skill/trait/ accomplishment)

For more information, please contact Chris Fuoco at [cfuoco@deltaschools.ca](mailto:cfuoco@deltaschools.ca)

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

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

**Sunsational Summer Daycamps (July-August) 2023 – North Delta Secondary or Seaquam Secondary**

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 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>(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

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

**Office Use Only:**

Reg. Confirmation: X \_\_\_\_\_ Date: \_\_\_\_\_ Photocopied  Input  Receipt   
Payment type: \_\_\_\_\_

