



# Healthy Eaters and Leaders (HEAL)

## Summer Day Camp at Maple Grove Elementary

For VSB students entering Grades 1-7 in September 2016

July 4th—August 26th, 2016

8:45 am—3:00 pm

(重要资讯, 请找人翻译)



The Vancouver School Board's West 1 Community Schools Team is pleased to be offering HEAL camps at Maple Grove Elementary (Cypress and 46<sup>th</sup>, behind Magee Secondary) for 8 weeks this summer! HEAL is available to VSB students entering Grades 1-7 in September 2016.

### Healthy Eaters and Leaders (HEAL), July 4<sup>th</sup> to August 26<sup>th</sup>, 2016

HEAL promises to keep your child(ren) eating healthy and keeping active all day, every day! HEAL promotes healthy eating, environmental stewardship, physical activity, creativity, and leadership among children. As part of this extraordinary summer camp experience, your child will be participating in the preparation of healthy snacks and lunches each day and will take part in EXCITING outdoor activities, cooking classes, gardening, crafts, science experiments, and more. Your child will also be going on two field trips each week, to locations such as **Playland, the PNE Fair, Science World, Vancouver Aquarium, Maplewood Farm, Crash Crawley's, swimming pools, nature parks and more!** The BC Dairy Association will be visiting HEAL with a *live cow and calf* to teach us about animal care, dairy farming, and nutrition. Friends and family of HEAL campers are welcome to join us for these workshops at 10am on designated dates (please refer to the camp calendar).

### Summer Camp Details:

HEAL camp takes place Monday to Friday, **8:45am to 3:00pm** at Maple Grove Elementary (6199 Cypress Street). Campers are registered on a **week-by-week** basis. Camper sign in and out will take place on the west side of the school, near the school garden. Campers must be picked up by 3:00pm. Repeat lateness will result in a charge of \$10/15 minutes.

### Parent and camper comments:

"My daughter was so excited about HEAL that she always looked forward to coming back the following weeks. She tried new and healthy eating habits. My daughter felt very comfortable with all the leaders and was not shy or afraid to ask any of them for help." – Parent

"I ate 20 bananas. I didn't like bananas before camp." – Camper

### Things to bring to camp each day:

- bathing suit
- running shoes
- sunscreen
- hat
- water bottle
- a lunch bag with two empty food containers, cutlery, and ice pack.

Please ensure campers wear their camp T-shirts (provided) on out-trip and event days. Because HEAL emphasizes healthy habits and active play, we ask that personal belongings such as video games, money, and music players, be left at home. Snacks (unless discussed with camp staff in advance) should be left at home. Fresh fruits and vegetables will be available to campers at all times.

### Save the Date for our Community Fair:

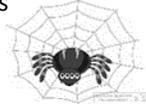
On the afternoon of August 26<sup>th</sup>, campers will prepare a delicious and healthy lunch, do garden tours, lead games, welcome several community food producers/camp partners to set up booths, and share their memorable camp experiences as part of our Community Fair Day. We welcome all HEAL campers, friends and family to this celebration. Please note that campers who are not in HEAL care on this day must be accompanied by a parent or guardian.

HEAL is proud to be offered in partnership with:



**HEALTHY EATERS AND LEADERS (HEAL) 2016 Summer Day Camps at Maple Grove Elementary (6199 Cypress Street, at West 46<sup>th</sup> Avenue)**

This schedule has been prepared for your information and convenience; activities are subject to change. Please detach and keep for your records.

July 2016					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 1: Fun in the Sun</b> 	4 Soak up the Sun Field Games	5 BC Dairy Cow & Calf Visit 	6 <b>Splashdown Water Park</b> 	7 Downward Dog Yoga in the Garden	8 <b>Granville Island Water Park</b> 
<b>Week 2: Sky High</b> 	11 Sky High Science Experiments and Fluffy Cloud Parfaits	12 Visit from O.W.L. 	13 <b>Jericho Beach</b> 	14 Group Challenges: Egg Drop & Plane Toss	15 <b>Science World</b> 
<b>Week 3: Animal Planet</b> 	18 Jungle Safari Scavenger Hunt	19 Visit from Mike's Critters 	20 <b>Maplewood Farm</b> 	21 Dress up Day! Get wild in your favorite costume	22 <b>Grouse Mountain</b> 
<b>Week 4: Watery Worlds</b> 	25 Boat Building Challenge	26 Wet & Wild Water Games	27 <b>Vancouver Aquarium</b> 	28 Aquarium Art: Help Create the HEAL Aquarium	29 <b>Southarm Pool</b> 

August 2016					
	Monday	Tuesday	Wednesday	Thursday	Friday
<b>Week 5: Adventure Time</b> 	1 <b>No Camp Civic Holiday</b>	2 BC Day Crafts	3 <b>Deer Lake and Burnaby Village Museum</b> 	4 Fear factor Chal- lenges & Obstacle Course	5 <b>Playland</b> 
<b>Week 6: Rock N' Roll</b> 	8 "What's Hiding Under that Rock?" Scavenger Hunt	9 BC Dairy Cow and Calf Visit 	10 <b>Pacific Museum of Earth</b> 	11 HEAL's got Talent: Talent Show	12 <b>Lynn Canyon</b> 
<b>Week 7: Olympic Week:</b> 	15 Olympic Crafts: Torches, Medals, Flags, and More	16 Visit from O.W.L. 	17 <b>Skating at Hillcrest</b> 	18 HEAL Sports Day	19 <b>Crash Crawly's</b> 
<b>Week 8: We are a Family</b> 	22 World Record Breakers	23 Teamwork Games & Dance Party	24 <b>The Fair at the PNE</b> 	25 <b>Maple Grove Pool</b> 	26 <b>Community Fair</b> 

## HEAL Registration Form- PART 1 of 3

**Spaces will be allocated on a first-come, first-served basis.**

Completed forms (pages 3-5) and payment can be dropped off at the following school offices until June 10<sup>th</sup>: Jamieson, Carr, Osler, Lloyd George, McKechnie, Southlands, Maple Grove, Quilchena, Kerrisdale, Kerrisdale Annex, Laurier, Laurier Annex or Van Horne. Registration forms can also be dropped off at the Eric Hamber Secondary main office to the attention of Ted Chu, West 1 Community Schools Team.

**Please pay by cheque one for each week, made payable to 'Vancouver School Board'.**

Receipts and camp T-shirt will be issued at sign-in on the first day of camp each week.

**CAMP RATES: Based on a full week of camp (8:45am-3:00pm). Before and after camp care is not available.**

Single Child	\$170/week per child
Family Rate (2 or more children residing in the same household)	\$155/week per child

Registration fee includes healthy student-made LUNCH and snack each day, out-trips, transportation, and new camp T-shirt each week.

Please note that camp **subsidies** are available upon request; email the Camp Director, Ted Chu, at [tchu@vsb.bc.ca](mailto:tchu@vsb.bc.ca) or call at 604-813-4387 for more information.

**Refund Policy:** Refunds will only be offered up to 7 days prior to the start date of camp less a \$40 administration fee. Fees will otherwise be non-refundable.

**Indicate the week(s) you are registering in by checking (v) the appropriate boxes below.  
To register more than one child please complete 2 separate forms.**

Week & Theme	Out-trips	Rate – See Above [v]
<b>Week 1</b> July 4-8 FUN IN THE SUN	Splashdown Waterpark Granville Island Water Park	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 2</b> July 11-15 SKY HIGH	Jericho Beach Science World	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 3</b> July 18-22 ANIMAL PLANET	Maplewood Farm Grouse Mountain	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 4</b> July 25-July 29 WATERY WORLDS	Vancouver Aquarium Southarm Pool	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 5</b> August 2-5 ADVENTURE TIME	Deer Lake & Burnaby Village Museum Playland	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 6</b> August 8-12 ROCK N’ ROLL!	Pacific Museum of Earth Lynn Canyon	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 7</b> August 15-19 OLYMPIC WEEK	Skating at Hillcrest Crash Crawly’s	\$170– One Child [ ] \$155 –Two or More Children [ ]
<b>Week 8</b> August 22-26 OUR COMMUNITY	The Fair at the PNE Maple Grove Pool HEAL Community Fair	\$170– One Child [ ] \$155 –Two or More Children [ ]

**Total Paid:** \_\_\_\_\_

**Office Use Only:**

Parent Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_ Database Entry Date: \_\_\_\_\_  
 Banking Institution: \_\_\_\_\_ Cheque #: \_\_\_\_\_ Amount: \_\_\_\_\_  
 Subsidy: \_\_\_\_\_



Important Information – Please Translate

这是一份重要信息 — 请找人为您翻译  
這是一份重要資訊 — 請找人為您翻譯

这是一份重要信息 — 请找人为您翻译  
Mahalagang Impormasyon - Paki salin sa sariling wika  
Thông tin quan trọng - Xin phiên dịch  
Información importante - Por favor traducir

### Community School Team Medical/ Emergency Consent Form

Please complete this form and submit it with your completed registration forms.

The collection and retention of information requested on this form is authorized and governed by the *British Columbia School Act* and the *Freedom of Information and Protection of Privacy Act*.

#### EMERGENCY MEDICAL INFORMATION

The following information will be helpful to the CST program staff in making your child’s participation comfortable, safe and pleasant.

**(Please print carefully and legibly)**

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Gender: \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade (entering in September): \_\_\_\_\_ Division: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student School Accident Insurance:  Yes  No

Allergies (e.g., specific drugs, certain foods, insect stings, hay fever) Specify: \_\_\_\_\_

Reaction(s) to above? \_\_\_\_\_

Carries Epi pen?  Yes  No Inhaler?  Yes  No Medical Alert Bracelet?  Yes  No

Date of last Tetanus shot: \_\_\_\_\_

Medical/physical conditions that may affect participation in the stated program/activity (e.g., recent illness or injury, recent hospitalization or surgery, chronic conditions, phobias, etc.). Be specific: \_\_\_\_\_

Specify the condition(s) and requirements for program modification or specific activities your child should not participate in: \_\_\_\_\_

Prescribed medication(s) taken at this time (name, reason, dosage, storage, potential side effects/treatment of such): \_\_\_\_\_

Other Health/Medical/Dietary Concerns/restrictions: \_\_\_\_\_

#### Parent/Guardian Contact:

Name: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

E-Mail: \_\_\_\_\_

#### Emergency Contacts (other than Parent/Guardian):

1) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

2) \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Name of Physician \_\_\_\_\_ Phone # \_\_\_\_\_

#### ACKNOWLEDGEMENT OF CONSENT

Parent/Guardian who is filling out and signing this form: \_\_\_\_\_ (Parent/Guardian Name printed)

Should it become necessary for my child to have medical care, 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.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

#### Additional Information

Student’s T-shirt size:  Youth-Small  Youth-Medium  Youth-Large  Adult-Small  Adult-Medium  Adult-Large

Student’s swimming capability:  Non-Swimmer  Fair  Good

**IMPORTANT NOTICE:** All information on this form is confidential between the registrant, their guardian & the Community Schools Team.

# HEAL Registration Form- PART 3 of 3

## Parent/Guardian Consent for CST Program Participation and Acknowledgement of Risk

This is an important document. Please review its content carefully prior to providing permission for your child to participate in programs with the West 1 Community School Team.

### Consent and Acknowledgement of Risk

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 over 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.

During the program activities, photos and video may be taken of the participants and volunteers. These pictures may be used for print and digital media for the purposes of general program promotion and/or reporting to funders. Should you **not** wish your child to be photographed or videotaped please initial here \_\_\_\_\_.

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.

Date: \_\_\_\_\_ Name (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



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Thông tin quan trọng - Xin phiên dịch  
Mahalagang Impormasyon - Paki salin sa sariling wika  
Información importante - Por favor traducir

### Consent for child to leave Community Schools Team Out of School Time program alone

Parents/Guardians are responsible for the care of the children once the CST program ends. Please ensure prompt pickup of your child.

My child will be picked up by 1: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_

Pick-up 2: \_\_\_\_\_ (Contact name)

Contact telephone #(s) \_\_\_\_\_

OR if your child has permission to leave the CST program **ALONE**, please complete the following:  
I, \_\_\_\_\_ (Parent/Guardian name) give my permission for my child  
\_\_\_\_\_ (child's name) to leave the supervision of the CST program alone at the program's end time.  
Signed \_\_\_\_\_ (Parent/Guardian signature) Date: \_\_\_\_\_

**PICK-UP POLICY:** Child/ren must be picked up by 3:00 pm daily. A late fee of \$10.00 per 15 minutes, per child, may be charged for late pick-ups.