



## Healthy Eaters and Leaders (HEAL) Summer Day Camps at Maple Grove Elementary July 6<sup>th</sup>- August 28<sup>th</sup>, 2015

(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 2015.

### Healthy Eaters and Leaders (HEAL), July 6<sup>th</sup> to August 28th, 2015

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, Science World, Vancouver Aquarium, Maplewood Farm, UBC Canopy Tour, HR Macmillan Space Centre, 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).

#### 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

#### 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.

**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 28th, 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.



**HEALTHY EATERS AND LEADERS (HEAL) 2015 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 this page and keep it for your reference.

<p><b>Week 1: ANIMAL PLANET</b></p> 	<p><b>July 6th</b></p> <p>Awesome animal Art projects</p>	<p><b>July 7th</b></p> <p>BC Dairy cow &amp; calf visit</p> 	<p><b>July 8th</b></p> <p>Meet the animals of <b>MAPLEWOOD FARM</b></p> 	<p><b>July 9th</b></p> <p>DOWNWARD DOG Yoga in the garden</p>	<p><b>July 10th</b></p> <p>Spot the crabs at <b>JERICHO BEACH</b></p> 
<p><b>Week 2: WHAT'S IN THE GARDEN?</b></p> 	<p><b>July 13th</b></p> <p>Green Science Experiments</p>	<p><b>July 14th</b></p> <p>Animal friends: Surprise visit!</p> 	<p><b>July 15th</b></p> <p>Fresh Roots School Farm at David Thompson</p> 	<p><b>July 16th</b></p> <p>Iron Chef Cooking Challenge</p>	<p><b>July 17th</b></p> <p><b>SCIENCE WORLD</b></p> 
<p><b>Week 3: SKY HIGH!</b></p> 	<p><b>July 20th</b></p> <p>Rainbow Colour Dress-up Day &amp; Sunshine Scavenger Hunt</p>	<p><b>July 21<sup>st</sup></b></p> <p>Meet the amazing Youth Garden Leaders at Churchill School Garden</p>	<p><b>July 22<sup>nd</sup></b></p> <p>Tree top adventures at <b>UBC CANOPY TOUR</b></p> 	<p><b>July 23<sup>rd</sup></b></p> <p>Make your own Kite &amp; Sky High Science Explosions</p>	<p><b>July 24<sup>th</sup></b></p> <p><b>MAPLE GROVE POOL</b></p> 
<p><b>Week 4: NATURE HEROES</b></p> 	<p><b>July 27th</b></p> <p>Superhero art and drama games</p>	<p><b>July 28th</b></p> <p>BC Dairy cow &amp; calf visit</p> 	<p><b>PACIFIC SPIRIT PARK</b> July 29th</p> 	<p><b>July 30th</b></p> <p>Old becomes new! Recycle challenge</p>	<p><b>July 31st</b></p> <p>VanDusen Garden Hunt</p> 
<p><b>Week 5: INTERSTELLAR</b></p> 	<p><b>August 3rd</b></p> <p><b>NO CAMP</b> Civic Holiday</p>	<p><b>August 4th</b></p> <p>3,2,1..BLAST OFF! Make your own rocket ship</p>	<p><b>August 5th</b></p> <p>HR MACMILLAN SPACE CENTRE</p> 	<p><b>August 6th</b></p> <p>Shining stars: drama &amp; music games</p>	<p><b>August 7th</b></p> <p><b>PLAYLAND</b> <b>At the PNE</b> <b>Vancouver</b></p> 
<p><b>Week 6: INTO THE WILD!</b></p> 	<p><b>August 10th</b></p> <p>Amazing Race: scavenger hunt</p>	<p><b>August 11th</b></p> <p>Animal friends: Surprise visit!</p> 	<p><b>August 12th</b></p> <p><b>BEATY BIODIVERSITY</b> <b>MUSEUM</b></p> 	<p><b>August 13th</b></p> <p>Nature Arts &amp; Crafts</p>	<p><b>August 14th</b></p> <p>Stanley Park Quest</p> 
<p><b>Week 7: WATERY WORLDS</b></p> 	<p><b>August 17th</b></p> <p>Set sail! Boat-building challenge</p>	<p><b>August 18th</b></p> <p>Water fight</p> 	<p><b>August 19th</b></p> <p><b>VANCOUVER AQUARIUM</b></p> 	<p><b>August 20th</b></p> <p>Mermaids, pirates &amp; more: Dress-up party</p>	<p><b>August 21<sup>st</sup></b></p> <p><b>NEW BRIGHTON POOL</b></p> 
<p><b>Week 8: OUR COMMUNITY</b></p> 	<p><b>August 24<sup>th</sup></b></p> <p>Human Planet Talent Show</p>	<p><b>August 25<sup>th</sup></b></p> <p>HEAL Camp Trivia</p>	<p><b>August 26<sup>th</sup></b></p> <p><b>SOUTHLANDS FARM</b></p> 	<p><b>August 27<sup>th</sup></b></p> <p><b>MAPLE GROVE</b> <b>POOL</b></p> 	<p><b>August 28<sup>th</sup></b></p> <p><b>COMMUNITY FAIR</b></p> 

HEAL is proud to be offered in partnership with:



## 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 12<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 Chelan Wallace, West 1 Community Schools Team.

**Please pay by cheque 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	\$160/week per child
Family Rate (2 or more children residing in the same household)	\$145/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, Chelan Wallace, at [cwallace@vsb.bc.ca](mailto:cwallace@vsb.bc.ca) or call at 778-229-9794 for more information.

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

Week & Theme	Out-trips	Rate – See Above [✓]
<b>Week 1</b> July 6-10 ANIMAL PLANET	Maplewood Farm Jericho Beach	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 2</b> July 13-17 WHAT'S IN THE GARDEN?	Fresh Roots School Farm Science World	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 3</b> July 20-24 SKY HIGH!	UBC Canopy Tour Maple Grove Pool	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 4</b> July 27-July 31 NATURE HEROES	Pacific Spirit Park Van Dusen Garden Hunt	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 5</b> August 4-7 INTERSTELLAR	HR Macmillan Space Centre Playland	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 6</b> August 10-14 INTO THE WILD!	Beaty Biodiversity Museum Stanley Park Quest	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 7</b> August 17-21 WATERY WORLDS	Vancouver Aquarium New Brighton Pool	\$160– One Child [ ] \$145 –Two or More Children [ ]
<b>Week 8</b> August 24-28 OUR COMMUNITY	Southlands Farm Maple Grove Pool	\$160– One Child [ ] \$145 –Two or More Children [ ]

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

**Office Use Only:**

Parent Confirmation: \_\_\_\_\_ Date: \_\_\_\_\_ Database Entry Date: \_\_\_\_\_

Banking Institution: \_\_\_\_\_ Cheque #: \_\_\_\_\_ Amount: \_\_\_\_\_

Subsidy: \_\_\_\_\_

# HEAL Registration Form- PART 2 of 3

## 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: \_\_\_\_\_ Grade: \_\_\_\_\_ Division: \_\_\_\_\_

School: \_\_\_\_\_ Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Student School Accident Insurance: Yes No

BC Medical Services Plan Personal Health 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: \_\_\_\_\_

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

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

### 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 \_\_\_\_\_

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

### Please choose if you consent for your child to leave the Community Schools Team HEAL Camp ALONE OR PICK-UP ONLY

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

**ALONE:** I, \_\_\_\_\_ (Parent/Guardian) 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) Date: \_\_\_\_\_

### OR

**PICK-UP ONLY:** My child will be picked up by: \_\_\_\_\_ Contact telephone #(s)  
\_\_\_\_\_

### Additional Information

Please indicate child's T-shirt size (Y: Youth, A: Adult):  Y-Small  Y-Medium  Y-Large  
 A-Small  A-Medium  A-Large

Please check your child's swimming capability:  Non-Swimmer  Fair  Good

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

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

**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.