

About DTCS

The David Thompson Community Schools Team (DTCS) of the Vancouver Board of Education (VBE) offers programs and services to support vulnerable students in four areas: nutrition, academics, social-emotional functioning, and community connectedness.

Winter 2016 – Douglas Elementary – Programs

The DTCS is proud to offer quality programs to Douglas Elementary. We strive to maintain consistency while being able to evolve. We value your ideas and feedback. Should you have any questions or concerns, the programmer supporting Douglas Elementary is Tara Perkins and she can be reached at 604.713.5886 (w) or 778.988.3301 (c) or tperkins@vsb.bc.ca

****NO PROGRAMS ON Tuesday Feb. 9th 2016****

TUESDAYS

Creative Clay

Grades 3-4 | Spaces: 12
Room 314
Date: **TUESDAY** Jan. 26 – Mar. 8
Time: 3 to 4:30 pm
Cost: \$45 for 6 sessions

THURSDAYS

Art Starts

Grades K-1 | Spaces: 12
Room 314
Date: **THURSDAY** Jan. 28 – Mar. 10
Time: 3 to 4:30 pm
Cost: \$35 for 7 sessions

Do-It-Yourself (DIY) Masters

Grades 4-7 | Spaces: 12
Lunchroom
Date: **TUESDAY** Jan. 26 – Mar. 18
Time: 3 to 4:30 pm
Cost: \$45 for 6 sessions

Master Chefs

Grades 2-3 | Spaces: 12
Lunchroom
Date: **THURSDAY** Jan. 28 – Mar. 10
Time: 3 to 4:30 pm
Cost: \$45 for 7 sessions

Badminton

Grades 5-7 | Spaces: 14
Gymnasium
Date: **TUESDAY** Jan. 26 – Mar. 8
Time: 3 to 4:30 pm
Cost: \$35 for 6 sessions

Piano Lessons

Grades 4-7 | Spaces: 3
TBA
Date: **THURSDAY** Jan. 28 – Mar. 10
Cost: \$70 for 7 sessions

Piano Lessons

Grades 4-7 | Spaces: 3
TBA
Date: **TUESDAY** Jan. 26 – Mar. 8
Cost: \$60 for 6 sessions



****Please note the Singing Dragons Choir will not be accepting new students until next school year (September 2016).**

Additional Program Information

Creative Clay

Grades 3-4 | **TUESDAY** Jan. 26 – Mar. 8 | Time: 3 to 4:30 pm
Program Description: Let out your inner sculptor and master pottery techniques with our highly skilled instructor Val.

Do-It-Yourself (DIY) Masters

Grades 4-7 | **TUESDAY** Jan. 26 – Mar. 8 | Time: 3 to 4:30 pm
Program Description: This program will focus on getting creative by making practical and beautiful products and projects for use around the home. Bath products, candles, photo magnets, t-shirts, and much, much more!

Badminton

Grades 5-7 | **TUESDAY** Jan. 26 – Mar. 8 | Time: 3 to 4:30 pm
Program Description: Perfect the basics of badminton and develop new skills.

Piano Lessons

Grades 4-7 | **TUESDAY**, Jan. 26 – Mar. 8 | Time: 3:30-4pm, 4-4:30pm & 4:30-5pm
Program Description: A high-school piano teacher will provide one-on-one private lessons. Basics of piano are taught in a safe, friendly, and supportive environment.

Art Starts

Grades K-1 | **THURSDAY** Jan. 28 – Mar. 10 | Time: 3 to 4:30 pm
Program Description: This program will focus on introducing the arts to children and encouraging self-directed creative play. There will be painting, drawing, nature crafts, puppet shows, story time, clay crafts, singing and much more.

Master Chefs

Grades 2-3 | **THURSDAY** Jan. 28 – Mar. 10 | Time: 3 to 4:30 pm
Program Description: Learn kitchen safety and how to make nutritious and delicious meal choices. Our instructor-led program will leave you with all the skills to start being a master chef!

Piano Lessons

Grades 4-7 | **THURSDAY**, Jan. 28 – Mar. 10 | Time: 3:30-4pm, 4-4:30pm & 4:30-5pm
Program Description: A qualified high-school piano teacher will provide one-on-one private lessons. Basics of piano are taught in a safe, friendly, and supportive environment.

Winter 2016 – Douglas Elementary Registration Form
(3 pages)

- Program Selection:
- ☐ Creative Clay (Gr. 3-4) \$45 TUESDAY
 - ☐ DIY Masters (Gr. 4-7) \$45 TUESDAY
 - ☐ Badminton (Gr. 5-7) \$35 TUESDAY
 - ☐ Piano Lessons (Grades 4-7) \$60 TUESDAY
□ 3:30-4:00 or □ 4:00-4:30 or □ 4:30-5:00
 - ☐ Piano Lessons (Grades 4-7) \$70 THURSDAY
□ 3:30-4:00 or □ 4:00-4:30 or □ 4:30-5:00
 - ☐ Art Starts (Gr. K-1) \$35 THURSDAY
 - ☐ Master Chefs (Gr. 2-3) \$45 THURSDAY

Payment \$ Cash (exact change only) or Cheque (DTCS)

Total:

FINANCIAL HARSHIP POLICY: The Board of Education Trustees is committed to ensuring that no school-age student will be denied an opportunity to participate in a course, class or program because of an inability to pay fees. Parents and guardians unable to pay some or all of a school fee are invited to speak to their child's teacher, school counsellor, and/or the school principal.

PARTICIPANT INFORMATION

Student Name:

Age:

Grade:

Division:

Address:

Postal Code:

Parent/Guardian Name:

Home #

Relationship to participant:

Cell #

Email:

Consent for child to leave Community Schools Team Out of School Time programs

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:

(Contact name(s))

Contact telephone #(s)

OR if your child attends the Boys and Girls Club After School Care, please complete the following:

I, _____ (Parent/Guardian name) give my permission for my child _____ (child's name) to be walked to the Boys and Girls Club after the program by a DTCS staff member.

VSBB

Important Information - Please Translate
 重要信息 - 请找人为您翻译
 This is an important document - Please review its content carefully prior to providing permission for your child to participate in programs with the Community School Team.
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Community School 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: _____ Phone Number: _____

Address: _____

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: _____

Emergency Contacts (other than Parent/Guardian):

1) _____ (W) _____ (C) _____

2) _____ (W) _____ (C) _____

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 _____

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Community School Team Consent for participation and acknowledgement of risk

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 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 (DD/MM/YYYY): _____ / _____ / _____

Name (please print): _____

Parent/Guardian Signature: _____

David Thompson Community Schools

Team

OUT-OF-SCHOOL TIME PROGRAMS

Sir James Douglas Elementary School

Programs for Grade K-7

2016 Winter: Jan. 26 - Mar. 10

For more information, please call 604.713.5886.

www.vsb.bc.ca/communityschoolteams



REGISTRATION

Date: TUESDAY Jan 12

Time: 8:15 am

Location: Lunchroom

Important Information - Please Translate

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Thông tin quan trọng - Xin ghi chú

Mahtlagang Important - Pali salin

Information importante - Por favor traducir

sa sanling wika



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