



Eastside Opportunities Society is proud to present:

SUMMER FUN 2024

OPEN REGISTRATION BEGINS MAY 17TH, 2024!

Come and discover the FUN side of Summer! Our days are filled with outdoor and indoor games, cooking and baking, creative crafts, and walks to nearby parks. Don't forget swimming at Robert Burnaby Pool and our SUPER fun Thursday field trips. Each week has its own theme and EXCITING special events, and lots of fun surprises!

Week 1	July 2nd-5th	<i>Science World</i>
Week 2	July 8th-12th	<i>South Arm Outdoor Pool and Park</i>
Week 3	July 15th-19th	<i>Spanish Bank Beach</i>
Week 4	July 22nd-26th	<i>Canada Games Pool</i>
Week 5	July 29th- Aug 2nd	<i>Centennial Beach</i>
Week 6	August 6th-9th	<i>Cultus Lake Waterslides</i>
Week 7	August 12th-16th	<i>Coquitlam Wave Pool</i>



TO REGISTER:

Bring the completed registration form (both sides) and payments to:

Kid's Link Out of School Care

c/o Second Street Community School

7502 2nd Street, Burnaby, B.C. V3N 3R5

Space is limited, so don't wait! Registration is on a first-come, first-served basis. To guarantee the desired spot in the program, a fully completed registration form and full payment by cash or cheque are required.

For registration and more information, please contact the Program Manager at eos.summerfun@gmail.com or call/text 604-889-1092

Hours of Programming:

Summer Fun runs from 9:00 am to 3:00 pm, Monday to Friday (cheques made out to Summer Fun).

More Information:

- ☼ Newsletters are emailed the Friday before. They will also be handed out on the first day of camp.
- ☼ Summer Fun T-shirts are given out on the first day of attendance and must be worn on out trip days.
- ☼ Campers **MUST** bring each day: a backpack with a lunch (**no peanut/nut products, no heat-up lunches**), water bottle, sunscreen, a hat, and good walking shoes.
- ☼ Please send your child already sun-screened and dressed appropriately for the weather.
- ☼ Summer Fun is not responsible for lost or stolen items; camper's electronics and toys should be left at home.
- ☼ Behaviour Policy: Summer Fun is a safe environment for all campers; bullying, discrimination, dangerous, and/or violent behaviour **will not be tolerated** and will result in suspension from the program without refund.
- ☼ Please drop off your child at 9:00 am in the gym. Children must be signed out at 3:00 pm by a parent/guardian from the gym if not attending Kid's Link. Late pick-ups will be subject to a **strictly enforced** late fee for all programs.

PARENT/GUARDIAN COPY



SUMMER FUN 2024

Registration Form

Participant Info:

Child's Last Name: _____ Child's First Name: _____
Birthdate (mm/dd/yyyy): _____ Age: _____ Swim Level: _____
Child's School for 2023/2024: _____ Grade completed: _____

Family Info:

Address: _____
Home Phone: _____ Email: _____
Parent/Guardian Name: _____ Cell Phone: _____
Parent/Guardian Name: _____ Cell Phone: _____

Emergency Contact: (other than the parent/guardian, must be able to contact between 9am-3pm)

Name: _____ Relationship: _____ Phone: _____

Alternative person(s) authorized to PICK UP your child:

(other than parents/guardians listed above; your child will not be dismissed to anyone not on this list)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Allowed to walk or bike home alone: **YES** or **NO**

Please check the box for each week your child will be registered.

July	Week 1	July 2nd-5th (no camp July 1st- Canada Day)	<input type="checkbox"/>
	Week 2	July 8th-12th	<input type="checkbox"/>
	Week 3	July 15th-19th	<input type="checkbox"/>
	Week 4	July 22nd-26th	<input type="checkbox"/>
August	Week 5	July 29th-Aug 2nd	<input type="checkbox"/>
	Week 6	August 6th-9th (no camp August 5th - BC Day)	<input type="checkbox"/>
	Week 7	August 12th-16th	<input type="checkbox"/>

Summer Fun T-Shirt:

****One shirt included in fees for every child****
(please circle 1 appropriate size for you child)

Child Size: S M L XL

Adult Size: S M L XL

Medical Information:

Child's Care Card #: _____ Is your child immunized? (please circle) **YES** or **NO**

Family Doctor: _____ Phone: _____

Dentist: _____ Phone: _____

➤ Does the participant have a life-threatening allergy/condition? Yes No
If yes, please specify: _____

➤ Does the participant carry an Epi-pen? Yes No

➤ Does the participant have behaviours the staff should be aware of? Yes No

If yes, please specify: _____

What tools/tips should we know to better support them? _____

➤ Does the participant require assistance to participate in this program? Yes No

If yes, please specify: _____

➤ Is there anything else we need to know about the participant? Yes No

(for example: fears, dietary restrictions, etc.)

➤ If yes, please specify: _____

PARENT AGREEMENT CONTRACT

Eastside Opportunities Society - Summer Fun upholds the standard that children respect the rights and property of others. Children who continually exhibit inappropriate behaviour will be asked to leave the program without refund. **NO REFUND** will be given for a child's absence.

I, the undersigned, being the parent/legal guardian of _____ do hereby consent to the participation of the said child in activities conducted under the Summer Fun program. This consent shall be valid during the time the child attends Eastside Opportunities Society programs, inclusive of activities held on school premises as well as excursions off the premises. **I hereby release, remise, and forever discharge Eastside Opportunities Society, its staff, or volunteers of and from all manners of action, claims, and loss or expenses sustained, arising out of or in any way connected with participation in any program or location operated by Eastside Opportunities Society. In the event that my child is injured, ill, or in need of medical attention and I am unable to be contacted, I authorize Eastside Opportunities Society staff to seek medical attention on my behalf.**

I understand that bullying, discrimination, dangerous, and/or violent behaviour **will not be tolerated**. If my child participates in the above actions they will be suspended from the program without refund. _____ (please initial)

Parents/guardians are required to pick up their child by 3:00 P.M. **PARENTS/GUARDIANS WHO DO NOT PICK UP THEIR CHILD BY 3:00 P.M. ARE SUBJECT TO A LATE FEE.** Payment must be made upon pick-up of the child. If an alternative person is picking up, please notify us via email or text and have them provide a photo ID to staff.

I have read and understand the above policies and will give consent for my child's participation in Summer Fun and all activities it includes.

On the use of photos and videos at camp: (please read carefully and check one box or two that apply)

- I give Eastside Opportunities Society – Summer Fun permission to take candid photographs and videos of my child, as named above, throughout the duration of Summer Fun 2024 to be used for memories and activities within camp.
- I also give permission for the unnamed photographs and/or videos to potentially be used for future program promotion (ex. pictures may be posted on the Eastside Opportunities Society website/posters/brochure).
- I **do not** give Eastside Opportunities Society – Summer Fun permission to take photographs and videos of my child, as named above, throughout the duration of Summer Fun 2024.

Parent(s)/Guardian(s) Name (Print): _____

Signature: _____

Date: _____

Option #1: Summer Fun only (9am to 3pm)	# of weeks: _____ x \$150 = _____	<p style="text-align: center;">- For Staff Use Only -</p> Form of Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque #: _____ Subsidy Portion: _____ <input type="checkbox"/> Ministry <input type="checkbox"/> Other: _____ Date Received: _____ Received by: _____
Optional Extra T-Shirts **	Amount: _____ x \$15 = _____	
For above options, please make cheque payable to "Summer Fun"		
NO POST-DATED CHEQUES WILL BE ACCEPTED		
**For Optional (Extra T-shirt) one shirt is already included for free, this option is for a secondary shirt if you want an extra one for your child		

- No Refunds -



EMERGENCY CONSENT CARD

Name of Facility _____

Child's Name: Surname _____ First Name(s) _____ Birthdate: _____ Year / Month / Day

Address: _____ Gender of Child: Male Female

1. Parent's Name: _____ Child lives with: _____

Work Phone: _____ Home Phone: _____

2. Parent's Name: _____ Home Phone: _____

Work Phone: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Child's Doctor: _____ Phone: _____

1. Allergies _____

2. Medications _____

Care Card #: _____

PrintShop #252700

Revised August 2019



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1. Allergies _____

2. Medications _____

Care Card #: _____

CONSENT FORM

It is the policy of this centre to notify a parent when a child is ill or needs medical attention. In the event we cannot contact you and we need to get immediate help for your child, we require a signed consent to do so.

1. I give consent for my child to be taken to the nearest emergency medical centre when I cannot be contacted.

2. I give consent for my child to receive medical treatment.

Signature of Parent/Guardian

Witness

Date

Picture
of Child

Personal information contained on this form is collected under the Community Care and Assisted Living Act and will be used only for the purpose indicated.

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