



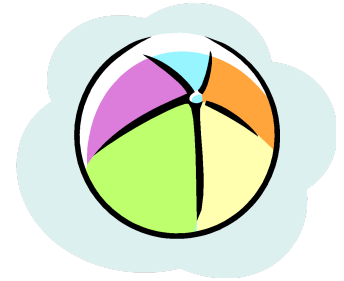
Eastside Opportunities Society is proud to present:

SUMMER FUN 2025

OPEN REGISTRATION BEGINS MAY 16TH, 2025!

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	June 30th-July 4th	<i>Coquitlam Aquatic Centre (Closed July 1 - Canada Day)</i>
Week 2	July 7th-11th	<i>Vancouver Zoo</i>
Week 3	July 14th-18th	<i>Jericho Beach</i>
Week 4	July 21st-25th	<i>Terra Nova Outdoor Adventure Park</i>
Week 5	July 28th-Aug 1st	<i>Kits Beach and Playground</i>
Week 6	August 5th-8th	<i>Cultus Lake Waterslides (Closed August 4 - B.C. Day)</i>
Week 7	August 11th-15th	<i>H.R. MacMillan space centre</i>



TO REGISTER:

Bring the completed registration form (both sides) and payments to:
Second Street's Sports Day/Kid's Link Out of School Care
c/o Second Street Community School
7502 2nd Street, Burnaby, BC 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 is required.

For registration and more information, please contact the Program Supervisors 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).

If you require care for extended hours, please contact Miss Mackenzie for more information. Spaces fill up fast!

More Information:

- ✧ Newsletters are emailed the Friday before the week starts. 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 (ex. Park days and field trips).
- ✧ 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 and activities of the day.
- ✧ 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 by 9:00 am in the gym. Children must be signed out at 3:00 pm by a parent/guardian from the gym. Late pick-ups will be subject to a **late fee** for all programs.

PARENT/GUARDIAN COPY

EMERGENCY CONSENT CARD

Name of Facility	
Child's Name: _____	Birthdate: _____ <small>Year / Month / Day</small>
<small>Surname</small>	<small>First Name(s)</small>
Address: _____ _____	Gender of Child: <input type="checkbox"/> Male <input type="checkbox"/> 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: _____	
1. Allergies _____	
2. Medications _____	
Care Card #: _____	

PrintShop #252700

Revised August 2019

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Emergency Contact: _____	Phone: _____
Child's Doctor: _____	
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.

Picture
of Child

Signature of Parent/Guardian

Witness

Date

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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SUMMER FUN 2025

Registration Form

Participant Info:

Child's Last Name: _____ Child's First Name: _____

Birthdate (mm/dd/yyyy): _____ Age: _____ Swim Ability: _____

Child's School for 2024/2025: _____ Grade completed: _____

Family Info:

Address: _____

Home Phone (Optional): _____ 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	June 30th- July 4th (no camp July 1st- Canada Day)	<input type="checkbox"/>
	Week 2	July 7th-11th	<input type="checkbox"/>
	Week 3	July 14th-18th	<input type="checkbox"/>
	Week 4	July 21st-25th	<input type="checkbox"/>
August	Week 5	July 28th-August 1st	<input type="checkbox"/>
	Week 6	August 4th-8th (no camp August 4th - BC Day)	<input type="checkbox"/>
	Week 7	August 11th-15th	<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 (Child's Name) _____ 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 that are not registered at Kids Link 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 2025 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 2025.

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

Signature: _____

Date: _____

<p>Option #1: Summer Fun only (9am to 3pm) # of weeks: _____ x \$150 = _____</p> <p>Optional Extra T-Shirts ** Amount: _____ x \$15 = _____</p> <p style="text-align: right;">TOTAL OWED = _____</p> <p>**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</p> <p>We take Cash or Cheques. For above options, please make cheque payable to "Summer Fun"</p> <p style="text-align: center;">NO POST-DATED CHEQUES WILL BE ACCEPTED</p>	<p style="text-align: center;">- For Staff Use Only -</p> <p>Form of Payment:</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Cheque #: _____</p> <p>Subsidy Portion: _____</p> <p><input type="checkbox"/> Ministry</p> <p><input type="checkbox"/> Other: _____</p> <p>Date Received: _____</p> <p>Received by: _____</p>
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- No Refunds -