

You can register in person at **Jericho Kids Club**

2251 Collingwood Street. Vancouver. BC. V6R 3L1

For more information, please contact Christine, Vimi or Tyler at [jerichokidsclub@telus.net](mailto:jerichokidsclub@telus.net)

	Monday	Tuesday	Wednesday	Thursday	Friday
Jul. 4 - 8	<b>shipwrecked...salty dogs at sea</b> Polly Want a Cracker? <b>Centre Day:</b> Make n' Take Compass & Sundial	Lynn Canyon Ecology Centre Program 	Pools & Planks Swimming 	Playland!!! 	Ahoy There, Matey! <b>Centre Day:</b> Make n' Take Bluebeard's Secret Notebooks & Water Bottle Holders
Jul. 11 - 15	<b>Ancient Journeys</b> Pharaoh's Fortune <b>Centre Day:</b> Clay Sculpting & Make n' Take Panpipes	Museum of Anthropology 	Swimming for Treasure! 	Massive Movie Day 	King Arthur's Court <b>Centre Day:</b> Make n' Take Knights of the Round Table Jewellery 
Jul. 18 - 22	<b>Makers and Bathing Suits</b> <b>Centre Day:</b> Neutron Explosion T-shirt Project 	Science World 	Swim Lab! 	Splashdown! 	Harry Potter's Polyjuice Potions & Bott's Every Flavour Beans Taste-Testing Event! 
Jul. 25 - 29	<b>Lumberjacks and Log Cabins</b>  <b>Centre Day:</b> Make n' Take Carpentry Kit	Swimming Under the Sky! 	Camp Byng Retreat 	Camp Byng Retreat 	Camp Byng Retreat 
Aug. 2 - 5	<b>Rolling Thunder</b> JKC closed for B.C. Day 	TBA!	Swimming Storm! 	Bowling @ The Zone! 	Wheels Rally & Safety Certificate Program: Bring your bike or wheels for an action-packed day! 
Aug. 8 - 12	<b>Urban Art Antics</b> Make It! Curly Pop Bottle Pencil Holders & Beyond Origami: Cool Stuff Made Out of Paper	Movie 	The Art of Swimming 	Bonita Arts Hands-on Ceramics! 	Wild Painting Workshops: Spinning Paint, Tennis Toss & Pow! Paint-splotions 
Aug. 15 - 19	<b>Gorilla Monsoon</b> <b>Speed Stacking Workshop:</b> Give this cup stacking sport your best shot!	Splashdown! 	Swimming Under the Clouds 	Aquarium Aquaventure 	Drop Zone! Make n' Take Toss-Up Parachutes
Aug. 22 - 26	<b>Soar to the Summit</b> Out of this World! Make n' Take Alien Sprout Heads & Galaxy Slime	Grouse Mountain Expedition 	Swimming to the Extreme! 	Crash Crawly's! 	Houston, We Have a Rocket Launch! Check out our High-Powered Pro Rocket Kit
Aug. 29 - Sept. 2	<b>Wizards, Wands, and Whirligigs</b> Slight of Hand! A Day of Magic with Make n' Take Floating Ball Game and Nifty Magic Tricks 	Paddle-Boating @ Deer Lake 	Limo Cruisin' 	Swimming with Sorcerers 	Make Your Own Fairy Tale Ice Cream Sundaes!

Leaders (Born before/in 2002)

Although we hope to stick to this schedule, all plans, events and dates are subject to change.



## AWESOME SUMMER ADVENTURE 2011 !

### General Registration Form (begins May 16<sup>th</sup> 2011)

Child Name: \_\_\_\_\_ Birthdate: D:\_\_\_\_ M:\_\_\_\_ Y:\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Email \_\_\_\_\_ Phone# \_\_\_\_\_

School Child Attends: \_\_\_\_\_ Current Grade: \_\_\_\_\_

WEEK 1: Shipwrecked...Salty Dogs at Sea	(July 4-July 8)	\$189	<input type="checkbox"/>
WEEK 2: Ancient Journeys	(July 11 - July 15)	\$189	<input type="checkbox"/>
WEEK 3: Beakers and Bathing Suits	(July 18 - July 22)	\$189	<input type="checkbox"/>
WEEK 4: Lumberjacks and Log Cabins	(July 25 – July 29)	\$189	<input type="checkbox"/>
Camp Byng Reg. Fee (grade 3 & up only):		with 3-8 weeks registration \$110	<input type="checkbox"/>
		with 1-2 weeks registration \$125	<input type="checkbox"/>
WEEK 5: Rolling Thunder	(August 2 – August 5) 4 days	\$166	<input type="checkbox"/>
WEEK 6: Urban Art Antics	(August 8 - August 12)	\$189	<input type="checkbox"/>
WEEK 7: Gorilla Monsoon	(August 15 – August 19)	\$189	<input type="checkbox"/>
WEEK 8: Soar to the Summit	(August 22 - August 26)	\$189	<input type="checkbox"/>
WEEK 9: Wizards, Wands and Whirlygigs	(August 29 – September 2)	\$189	<input type="checkbox"/>

Cheques for your first and last week should be dated for deposit at the time of registration.  
Other cheques may be dated for the Monday of the week registered.

Total number of weeks attending: \_\_\_\_\_ Total fees: \_\_\_\_\_

OR

All 9 weeks (reduced rate): \$1,489

Camp Byng Reg. Fee (Gr. 3 & up only) with All 9 weeks: \$95

I have enclosed two date cheques: 1. Day of Registration - \$744.50  2. July 4<sup>th</sup> - \$744.50

**Fees include lunch and 2 snacks daily AND 2 or 3 awesome trips each week.**

Please continue to page 2

Families expecting Child Care Subsidy should check with the office for parent fees before completing this registration form.

**Please note:**

- **Priority for Camp Byng (week 4) is given to full summer registrations and kids grade 3 and up. Registrations for only Camp Byng only will be waitlisted until July 8th.**
- **Registrations for Week 9 only will be waitlisted until August 8<sup>th</sup>.**
- **Photos and video recordings may be taken of your child during activities in the program and may be used in future materials.**
- **All registration documents (Registration Card and 3 Emergency Cards) must be completed and submitted prior to your child's attendance.**

JKC is ready for another exciting and energetic summer program and we're looking forward to many kids taking part in the program.

**REMEMBER:** Spaces are booked on a first-come, first-serve basis once the signed registration form and payments have been received. To avoid disappointment, be sure to get your registration form and payments in as soon as possible.

**Refunds**

**\* Due to staffing commitments and trip bookings we will be unable to give refunds unless the program is fully registered for that week and a child is available to fill the cancelled space.**

**\*All refunds & registration changes are subject to an administration fee of \$25 (per request).**

**\* Registrations for the full summer are at a reduced rate. If cancellations for individual weeks are approved for full summer registrations the cost will then be recalculated at the weekly rate.**

**\* Any concerns arising from these policies should be forwarded in writing to the Parent Advisory Board (please note that the next Board meeting will be in Sept.'11).**

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Parent/Guardian Signature

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Date



**Name of Facility:**

**CHILD'S STARTING DATE:**

**SEX:**

**DATE OF BIRTH:**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YY MM DD

M \_\_\_\_ F \_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
YY MM DD

**NAME OF CHILD:** \_\_\_\_\_

(Surname)

(Given Names)

(Also Known As)

Name the Child responds to: \_\_\_\_\_

Address: \_\_\_\_\_

Postal code: \_\_\_\_\_ Phone: \_\_\_\_\_

Person(s) with whom the child lives (adults and children): \_\_\_\_\_

Child's first language: \_\_\_\_\_ Other languages: \_\_\_\_\_

**Parent(s) / guardian(s):**

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name: \_\_\_\_\_ Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Days/hours of work: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Person(s) authorized to pick up the child and be contacted in case of emergency. These people should be available during hours of care. (include mother / father / guardian):**

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

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Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**If appropriate, list an English speaking contact:**

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

**Has the child previously attended daycare/preschool?**

YES  NO  Comments: \_\_\_\_\_

**Comments/instructions to help us care for your child. (Please feel free to add additional pages.):**

Toileting/Diapering (special words): \_\_\_\_\_

Rest Time (special comfort – toy/blanket): \_\_\_\_\_

Eating/Mealtime (include food likes/dislikes): \_\_\_\_\_

Fears: \_\_\_\_\_

**Please tell us anything else you think will help us provide an enriching experience for your child:** \_\_\_\_\_

**HEALTH INFORMATION**

Health professionals involved with your child (other than doctor and dentist):

<b>NAME</b>	<b>PROFESSION/AGENCY</b>	Phone: _____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Does your child have:**

A medical condition/concern? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Allergies? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Asthma? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Has your child had a seizure in the past year? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Does your child require a special diet related to a medical condition? YES  NO   
If yes, please provide further information: \_\_\_\_\_

Food sensitivities? YES  NO   
If yes, please provide further information: \_\_\_\_\_

**List all prescription and “over the counter” medications your child receives:**

<b>Medication</b>	<b>Times Given</b>	<b>Reason for Medication</b>
_____	_____	_____
_____	_____	_____

You may be asked to complete additional forms if you answered yes to any of the above.

This health information may be made available to the staff of Vancouver Coastal Health.

<b>Custody Agreement</b> YES <input type="checkbox"/> N/A <input type="checkbox"/>	<b>Provided to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>
<b>Immunization Documents Returned to Facility</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b><u>Information Provided By:</u></b> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature
<b><u>Information Received By:</u></b> _____	_____
DATE: ____/____/____ YY MM DD	Print Name Signature

<b><u>Office Use Only</u></b>
<b>Date Child Leaves the Facility: DATE:</b> ____/____/____ YY MM DD