

## Adams Lake Band

*(Switsmalph Summer Reading/Recreation Program)*

**Objective:** Provide our elementary aged children with an educational program to enhance reading skills/comprehension & that incorporates fun interactive activities to model health behaviors & lifestyles

**Date:** July 29<sup>th</sup>, to Aug 16<sup>th</sup>, 2019 - Monday to Friday

**Time:** 10:00 am to 3:00 pm

**Location:** Switsemalph Community Building (Blue building)

**For:** All ALIB Youth or Community members in Grade K to 7 in Switsmalph area

**Deadline: July 26<sup>th</sup>, 2019** – to submit registration form to ALIB Education Dept. or drop off Switsmalph Office make attn. to : ALIB Educ Dept. &/or send to [danthony@alib.ca](mailto:danthony@alib.ca)

**Contact ALB Education Department for Additional Information**



# Switsmalph Summer Reading/Recreation Program

## Switsmalph IR 6 (Salmon Arm)

July 29<sup>th</sup> , 2019 to August 16<sup>th</sup> , 2019

10:00 am drop off at Switsmalph Community Building (Blue Building)

3:00 pm pick up at Switsmalph Community Building (Blue Building)

### Parent Consent/Registration Form 2019 - **(Deadline July 26, 2019)**

#### Student information:

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
 School Attended: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
 Address of residence: \_\_\_\_\_ City & Postal Code: \_\_\_\_\_  
 Care Card Number: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

#### Parents/Guardians:

Mother's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Father's Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell No. \_\_\_\_\_

#### EMERGENCY CONTACT:

##### 1st Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Relationship to child (example: grandparent, aunt, daycare provider,.....) \_\_\_\_\_

##### 2nd Contact

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Cell No. \_\_\_\_\_  
 Relationship to child (example: grandparent, aunt, daycare provider,.....) \_\_\_\_\_

#### List any Allergies:

\_\_\_\_\_

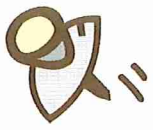
I, the undersigned parent or guardians of the above named student, request that my son/daughter be allowed to participate in the *Switsmalph Summer Reading/Recreation Program*.

#### I understand and agree to:

- Committing getting my child(ren) to the site each day and understand that regular attendance is imperative in order for my child to be successful and to show growth.
- I agree to drop off child(ren) 10 minutes prior to each event at ALB Swits Community Building (Blue Building)
- I agree to pick up my child(ren) when event is completed at ALB Swits Community Building (Blue Building)
  - Your child will not be released or allowed to stay at beach by themselves when program is over.
- My child will abide by rules & guidelines; respect the facility and staff

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Sponsored by: Adams Lake Band Education Department & SD 83 & Frontier College



## Your Child **must** bring the following:

- ✓ Own Water Bottle – (use daily)
- ✓ Swim Wear & towel
- ✓ Light Jacket
- ✓ Sunscreen
- ✓ Hat
- ✓ Back Pack
- ✓ Bring own booster seat in needed for field trips

## Ensure your child:

- ✓ Has proper foot wear
- ✓ Dress accordingly (weather)
- ✓ **NO** JUNK Food allowed
- ✓ **No** Toys Allowed

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Parents if you can volunteer to assist with Driving to field trips – Please let us know when you register your child:

|  |     |    |
|--|-----|----|
| Are you available to assist (volunteer)      | Yes | No |
| Do you have proper insurance                 | Yes | No |
| How many children fit in your car/van: _____ |     |    |
| Contact Information: _____                   |     |    |

If you require additional information, contact ALIB Education Department