



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: Aug 7th to Aug 17th, 2018 - 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: August 3, 2018 – 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

Contact ALB Education Department for Additional Information



**Switsmalph Summer Reading/Recreation Program
Switsmalph IR 6 (Salmon Arm)
August 7th 2018 to August 17th , 2018**

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 2018 - (Deadline Aug 3, 2018)

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 _____



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

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: _____