

# June & July 2017

Only 36 spots available each week!

## What to bring every day:

- Lunch & Snacks
- Runners
- Water Bottle
- Backpack
- Bathing Suit & Towel
- Sunscreen
- Hat
- Rain Jacket & Layers (when needed)



Come play with us this summer!

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
25 <b>Canadiana</b>	26 New West Quay	27 Como Lake Park	28 Confederation Park	29 Fly Over Canada & CRAB Park (need to be 40" tall for Fly Over)	30 Central Park	1
2 <b>Hide and Seek</b>	3 Canada Day {in lieu} (Closed)	4 Ikea Scavenger Hunt (7 and up) & Mackin Park	5 Queen's Park	6 Vancouver Police Museum (5 and up) & CRAB Park	7 Holland Park	8
9 <b>All Around the World</b>	10 International Games (Robson Day)	11 Coquitlam Aquatic Centre (8 and up) & Town Centre Park	12 Rocky Point Park	13 Dr.Sun Yat-Sen Chinese Garden	14 Cameron Park	15
16 <b>Wet &amp; Wild</b> <i>(must be 8 or older to go swimming because of pool ratios)</i>	17 The Science of Water (Robson Day)	18 Lumberman's Arch at Stanley Park	19 Moody Park & Pool	20 Unwin Spray Park	21 Grimston Park	22
23 <b>Summerween</b>	24 Dress Up in costume! (Robson Day)	25 Guildford Recreation Pool (8 and up) & Hawthorne Park	26 Bear Creek Park	27 Edmonds Pool (8 and up) & Park	28 Rocky Point Park	29
30	31					

**OOSC open 7am-6pm. Please be at Robson by 9am each morning!!!**

Every day is an out trip except days marked as a Robson Day.

**Please call or text OOSC at 604-379-9176 if your child will be late or away.**

*We travel on public transit for all our out trips. Please let us know if you need a specific pick up time.*

**JKs, Ks, 1s, 2s go to parks when "&" is on calendar days unless otherwise noted. Must be 8 to go swimming.**

Younger & older groups split for activities when appropriate.

# August 2017

Only 36 spots available each week!

## What to bring every day:

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Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
30 <b>Summer Olympics</b>	31 Sports Day (Robson Day)	1 Zone Bowling	2 Mundy Park	3 Eagle Quest Mini-Golf (7 and up) & Mackin Park	4 Blue Mountain	5
6 <b>Ingenious Inventors</b>	7 BC Day (Closed)	8 Moody Park	9 Fleetwood Park	10 Sky Zone Trampoline Park	11 Cameron Spray Park	12
13 <b>Hollywood North</b>	14 Theatre Games (Robson Day)	15 Apple Store (8 and up) & Town Centre Park	16 Hume Park	17 Hollywood 3 Cinemas	18 New Westminster Quay Park	19
20 <b>Forest Rangers</b>	21 The Fungus Among Us (Robson Day)	22 Bloedel Conservatory	23 Blue Mountain	24 Surrey Nature Centre	25 SFU	26
27 <b>Adventure Club</b>	28 Grimston Park	29 Lions Park	30 Confederation Park	31 Funtopia	1 Edmonds Park	2
3 <b>OOSC open 7am-6pm. Please be at Robson by 9am each morning!!!</b>	4 Labour Day (Closed)	5 <b>First Day of School!!!</b>	6	7	8	9

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Every day is an out trip except days marked as a Robson Day.

**Please call or text OOSC at 604-379-9176 if your child will be late or away.**

We travel on public transit for all our out trips. Please let us know if you need a specific pick up time.

**Jks, Ks, 1s, & 2s go to parks when "&" is on calendar days unless otherwise noted.**

Younger & older groups split for activities when appropriate.



## SUMMER OOSC REGISTRATION

Urban Academy is happy to offer Summer Out Of School Care to children who do not attend the school. Please fill out this registration form and submit it to school administration by mail or in person at 101 Third Street in New Westminster, or via email to [admin@urbanacademy.ca](mailto:admin@urbanacademy.ca) by June 19<sup>th</sup> 2017.

Out of School Care begins June 26<sup>th</sup> 2017 and runs through until September 1<sup>st</sup> 2017. Space can be booked by week, or by day and days run from 7am – 6pm and children must be 4 years old – 12 years old inclusive to attend the program.

Space will be offered on a first come, first served basis, as well as the caretakers ability to support the unique needs of the children. Thank you for your application.

<b>Registration Form for Child Care</b>		
FULL NAME OF CHILD:	USUAL NAME OF CHILD (preferred):	
Personal Information		
CHILD'S DATE OF BIRTH:	GENDER:	START DATE:
ADDRESS:	PHONE #:	
PARENT/GUARDIAN 1	PARENT/GUARDIAN 2	
ADDRESS (if different from above):	ADDRESS (if different from above):	
PHONE #:	PHONE #:	
EMAIL:	EMAIL:	
WORK ADDRESS:	WORK ADDRESS:	
WORK PHONE # (include local):	WORK PHONE # (include local):	
CELL PHONE #:	CELL PHONE #:	
HOURS AT THIS LOCATION:	HOURS AT THIS LOCATION:	
Emergency Health Information		
CARE CARD NUMBER:		
FAMILY DOCTOR NAME:	DENTIST NAME:	
ADDRESS/PHONE #:	ADDRESS/PHONE #:	
Consent for Emergency Care		

I authorize the staff at the Out-of-School-Care Centre to call a medical practitioner or ambulance in the case of accident or illness of my child/children, if the parent cannot immediately be reached.

SIGNATURE OF PARENT/GUARDIAN:

DATE:

MANAGER OF FACILITY: Suzanne MacLeod

**Alternate Person(s) to Call and Pick Up Child in Case of Emergency**

NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:

**Child's Immunization Status** (please record dates or attach a copy of immunization record)

IS YOUR CHILD UP TO DATE ON IMMUNIZATIONS?:			YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>	
DIPHTHERIA	PERUSSIS	TETANUS	POLIO	MEASLES / MUMPS / RUBELLA	HIB
1	1	1	1	1	1
2	2	2	2	2	2
3	3	3	3	3	
4	4	4	4	4	

COMMENTS:

**Health Information (please attach a separate sheet, if necessary)**

REGULAR MEDICATION(S) AND REASONS FOR (PLEASE LIST):

ALLERGIES AND TREATMENT OF (PLEASE LIST):

INJURY OR ILLNESSES OR OPERATIONS YOUR CHILD HAS HAD (PLEASE INCLUDE DATES):

a) Please describe any concerns/issues regarding your child's health (seizures, asthma, vision, hearing, etc):

b) Please describe any concerns you may have regarding your child's development (i.e. behaviour, vision, hearing, speech, language, mobility, etc):

c) Describe and provide specific care instructions regarding a) and/or b):

PLEASE LIST ANY OTHER HEALTH CARE PROFESSIONALS INVOLVED IN YOUR CHILD'S LIFE ON A REGULAR BASIS (eg. OCCUPATIONAL THERAPISTS, PHYSICAL THERAPISTS, etc):

1

2

3

### Group Experiences

WHAT IS YOUR CHILD'S FAVOURITE TOY(S) / ACTIVITIES?

HAS YOUR CHILD HAD PREVIOUS PLAY GROUP EXPERIENCES?

YES

NO

IF YES, HOW DID HE / SHE ADAPT?

HOW DOES YOUR CHILD BEHAVE TOWARDS OTHER CHILDREN (eg: SEEKS OTHERS OUT, FEELS SHY, etc):

### Emotional

HOW DOES YOUR CHILD REACT WHEN LEFT WITH UNFAMILIAR PEOPLE AND / OR IN UNFAMILIAR SITUATIONS?

DOES YOUR CHILD HAVE ANY PARTICULAR FEARS? PLEASE DESCRIBE:

WHAT SUGGESTIONS DO YOU HAVE THAT WOULD HELP OUR STAFF MAKE YOUR CHILD'S TRANSITION INTO THIS PROGRAM MUCH EASIER?

### Family and General Household Information

PLEASE LIST THE NAMES OF THE SIGNIFICANT PEOPLE IN YOUR CHILD'S LIFE (eg SIBLINGS / GRANDPARENTS, etc):

PLEASE DESCRIBE THE GUIDANCE AND DISCIPLINE METHODS USED AT HOME:

PRIMARY LANGUAGE SPOKE AT HOME:	OTHER LANGUAGES SPOKEN:	
NAME OF ENGLISH SPEAKING PERSON (if needed):	PHONE #:	
<b>Any Other Comments</b>		
<b>Signature of Parent or Guardian Providing this Information</b>		
PRINT NAME:	SIGNATURE:	DATE:

# SUMMER OOSC FEES & PAYMENT

Fees vary based on the days and weeks required for care as well as the age of the child. Children who have just completed Kindergarten are still considered K for the summer. Please note that the fees are less for 4 day weeks. Please note below the days and weeks required for care. Thank you!

	Per Day*		Per Week*		4 day weeks*	
	JK & K	Grade 1+	JK & K	Grade 1+	JK & K	Grade 1+
<i>1<sup>st</sup> child rates:</i>	\$ 55.00	\$ 50.00	\$ 248.00	\$ 239.00	\$ 198.00	\$ 180.00
<i>Siblings add:</i>	\$ 50.00	\$ 45.00	\$ 225.00	\$ 203.00	\$ 180.00	\$ 162.00

\*Rates include program fees for field trips.

**Program Weeks:**

- June 26 – 30
- July 4 – 7 (4 days) Closed on Monday, July 3 for Canada Day
- July 10 – 14
- July 17 – 21
- July 24 – 28
- July 31 – August 4
- August 8 – 11 (4 days) Closed on Monday, August 7 for BC Day
- August 14 – 18
- August 21 – 25
- August 28 – September 1
- September 4 Closed for Labour Day

**I require OOSC for the following dates (please list specific days or weeks):**

<b>Days Required</b>	<b>Monthly Fee Total</b>
June: _____	_____
July: _____ _____	_____
August: _____ _____	_____

SUMMER TOTAL: \_\_\_\_\_

**Payment Method:**    Credit Card (Visa, M/C)    Cheque (made out to Urban Academy)    Cash

**CC Details:** (2% processing fee on credit cards)

Credit Card # \_\_\_\_\_ Expiry Date: \_\_\_\_\_    Visa    M/C    (circle one)  
 Name on Card: \_\_\_\_\_    Signature: \_\_\_\_\_