



Arrowsmith Independent School 2016/2017

Afternoon Program
 861 Hilliers Road, Qualicum Beach, BC V9K 1X5
 Phone: 250-752-2722
www.arrowsmithindependentschool.ca
arrowsmithschool@shaw.ca

Arrowsmith Afternoon Program Registration

Student Name: _____

Block Start Date: _____ Block End Date: _____
 Block Start Date: _____ Block End Date: _____
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Tues/Thurs Afternoon Program Block Options

Outdoor Survival Skills, animal/food identification	5 weeks, 9 Lessons Thurs. Sept 8 – Thurs. Oct 6
Food Preservation: Canning, baking, dehydrating	4 weeks, 8 Lessons Tues. Oct. 11 – Thurs. Nov.3
Handwork, felting, dyeing, knitting, cross-stitch	5 Weeks, 10 Lessons Tues Nov. 8 – Thurs. Dec. 8
Woodworking: Carving, painting (acrylic & watercolor)	5 Weeks, 10 Lessons Tues. Jan. 3 – Thurs. Feb. 2
Soil Preparation, greenhouse/compost building, seedling starters	4 Weeks, 8 Lessons Tues. Feb. 7 – Thurs. Mar. 2
Drama: Easter production with music & movement	4 Weeks, 8 Lessons *Spring Break Tues. Mar. 7 – Thurs. Apr. 13
Planting Garden/shelter building	4 ½ Weeks, 9 Lessons Thurs. Apr. 20 – Thurs. May 18
Ecology Studies: Local beaches, Hamilton Marsh, specimen collection	4 Weeks, 8 Lessons Tues. May 23 – Thurs. June 15

Fees, Information and Contract: _____

Tuesday and Thursday 1 PM to 3 PM.

Cost per block:
 4 Weeks: \$60.00
 4 ½ Weeks: \$67.50
 5 Weeks: \$75.00

Music and Movement:

Monday and Wednesday 1 PM to 3 PM

Ongoing Sept. 7- Dec. 14, 2016

Cost : \$324.00 (27 days)

Ongoing Jan.4-June 22, 2017

Cost: \$504.00 (42 days)

All Fees are due and payable by cash or cheque in advance of the Block start date.

 Parent/G
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 Signatur
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Date

STUDENT INFORMATION

_____	_____	MALE / FEMALE (Circle One)	
First Name Of Child	Last Name Of Child		
_____	_____	_____	_____
Address	City	Province	Postal Code
_____	_____	_____	_____
Mailing Address (If Different From Above)	City	Province	Postal Code
_____	_____	_____	
Birthdate	Home Phone Number	Other Contact Number	

MEDICAL INFORMATION

_____	_____	_____	
BC Care Card Number	Family Doctor's Name	Doctor's Phone Number	
_____	_____	_____	_____
Doctor's Address	City	Province	Postal Code
Allergies/Health-Related Information: _____			

Date of Child's Last Tetanus Shot? _____			
Does Your Child Currently Take Medication? If Yes, Please List: _____			

I/We have chosen not to vaccinate our child _____			
Parent/Guardian Signature			
PLEASE PROVIDE A COPY OF YOUR CHILD'S CURRENT VACCINATION RECORD			

PARENT/GUARDIAN INFORMATION #1

_____	_____	_____	
First Name	Middle Name	Last Name	
_____	_____	_____	_____
Address (If Different Than Student's)	City	Province	Postal Code
_____	_____	_____	
Home Phone Number	Cell Phone Number	Work Phone Number	
_____	_____		
Place Of Employment	Personal Email Address		
Emergency Contact? Yes / No	Living With Student? Yes / No	Shared Custody? * Yes / No	

* Please Attach A Copy Of The Custody Order, If Applicable

PARENT/GUARDIAN INFORMATION #2

_____	_____	_____		
First Name	Middle Name	Last Name		
Address (If Different Than Student's)		City	Province	Postal Code
_____	_____	_____		
Home Phone Number	Cell Phone Number	Work Phone Number		
_____		_____		
Place Of Employment		Personal Email Address		
Emergency Contact? Yes / No	Living With Student? Yes / No	Shared Custody? * Yes / No		
* Please Attach A Copy Of The Custody Order, If Applicable				

If the parent or guardian cannot be contacted in case of emergency, the emergency contact person, as listed on the Registration Form, will be contacted to pick up your child.

If any authorized person (parent, guardian or other) does not arrive to pick up the child, or appears to be incapable of providing safe care (under the influence of drugs or alcohol), Arrowsmith Independent School will NOT release the child to that person. The emergency contact person or other authorized person, as listed on the Registration Form, will be contacted for pick-up.

EMERGENCY CONTACT INFORMATION #1

_____	_____	_____	CAN YOU PICK-UP IN CASE OF EMERGENCY? YES / NO	
Legal First Name	Last Name	Relationship To Student		
Address		City	Province	Postal Code
_____	_____	_____		
Home Phone Number	Cell Phone Number	Other Phone Number		

EMERGENCY CONTACT INFORMATION #2

_____	_____	_____	CAN YOU PICK-UP IN CASE OF EMERGENCY? YES / NO	
Legal First Name	Last Name	Relationship To Student		
Address		City	Province	Postal Code
_____	_____	_____		
Home Phone Number	Cell Phone Number	Other Phone Number		

Any child attending Arrowsmith Independent School's Afternoon Program will only be released to their parent or alternative adult as listed on the Registration Form. If another adult is to be picking up your child, the parent or guardian must provide a signed note giving permission for Arrowsmith Independent School to release the child into their care.

PERSONS AUTHORIZED TO PICK UP OR DROP OFF MY CHILD:

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

PERSONS SPECIFICALLY **NOT AUTHORIZED TO PICK UP OR DROP OFF MY CHILD:**

_____	_____
Name	Phone Number
_____	_____
Name	Phone Number

Additional Information I Want You To Know About My Child:

It is the responsibility of the Parent/Guarding listed on this form to keep the information up-to-date and current.

By signing below I agree that the information I have submitted on this form is correct to the best of my knowledge.

Parent/Guardian #1 Full Name Signature Date

Parent/Guardian #2 Full Name Signature Date



Arrowsmith Independent School 2016/2017

Kindergarten to Grade 7

861 Hilliers Road, Qualicum Beach, BC V9K 1X5

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Consent Form Afternoon Homeschool Program

STUDENT'S NAME: _____ **FAMILY NAME:** _____

IMAGES

Arrowsmith Independent School holds many social events that invite photo-taking. The students also produce class work and hand-made items that are very beautiful. It is very helpful to use photographs in school promotional and publicity materials and to display our students' work at Open Houses and other community events.

- Yes, you may use images or work of my child for school purposes.
- No, you may not use images or work of my child for school purposes.

GENERAL PERMISSION

All students are to remain on the school property unless accompanied by a staff member or their listed pick-up contacts. The teachers will often take the children for nature walks in the surrounding area. Teachers are to be equipped with a first aid kit whenever away from the school.

- Yes, my child may leave the school grounds to go for class nature walks.
- No, my child may not leave the school grounds to go for class nature walks.

FIELD TRIPS

Any field trips requiring driving or extended time away from the school will require your approval. Specific permission forms will be sent home at that time. Your cooperation in returning these in a timely manner is necessary to ensure your child's attendance with his/her classmates at these events. Any parent that will be driving on field trips or outings will need to have \$2 million dollars liability insurance and seat belts for each student. A photocopy of your drivers' license and insurance as well as a criminal record check will need to be on file at the office prior to the fieldtrip.

- I will be driving on field trips. I will provide a copy of my driver's license, insurance and criminal record check to the office.
- I will not be driving on field trips.

FIRST AID

Our school's first-aid kit is stocked with both conventional first-aid items and naturopathic/homeopathic remedies. They are from natural sources, do not cause any side effects, and are beneficial in many first-aid situations such as twists, sprains, cuts, bruises, and stings. We need your permission in order to administer these remedies to your child. If you require more information, we will be glad to show you the alternative remedies and tell you about their application.

- I give permission for the school staff to administer basic first-aid to my child's minor concerns.
- Yes an ambulance may be called to transport and provide care for all other concerns Yes, my child may receive naturopathic/homeopathic remedies in a first-aid situation.
- No, my child may not receive naturopathic/homeopathic remedies in a first-aid situation.

Print name

Parent/Guardian's Signature

Date: _____