

SUPER COOL AFTER SCHOOL



The Calgary Chinese Community Service Association (CCCSA) in collaboration with Calgary After School from City of Calgary is offering an after-school tutorial program. This program offers a fun learning opportunity for your child(ren). Experienced after-school coordinators from CCCSA, leaders from the community, and trusted volunteers will staff this program.

Start Date: September 15th, 2015 Till December 17th, 2015

When: Every Tuesday and Thursday 3:20-4:45pm

Where: CCCSA Office

If you have any questions feel free to contact Keith @ 403-265-8446

Please note, that due to the high demand and limited number of enrollments, students who miss consecutive classes maybe be withdrawn.

Kind Regards,

Keith Ong Children/Youth Program Coordinator, CCCSA
Betty Yu Children/Youth Program Coordinator, CCCSA

To ensure your child gets the most from this program, CCCSA staff and volunteers require that all participants treat other students, volunteers, staff, and property with respect. *Please note that CCCSA staff and volunteers reserve the right to review participation in the case of inappropriate behavior.*

Child's Information

Name _____

Grade _____ Gender _____ Age _____

Date of Birth _____ MM/DD/YYYY

Medical attention (Allergies, Disabilities, Medication, etc):

Legal Guardian Information

Name; _____ Relation to Child _____

Address: _____

Postal Code: _____

Phone: (Home) _____ (Work) _____ (Cell) _____

Email: _____

Emergency Contact (If different from above)

Name: _____ Relation to child _____

Phone: _____

Pick up Information

NOTE: Parents are responsible for arranging all transportation as buses *will not* be available.

My Child will be picked up by (name) _____.

My Child will be allowed to walk home. (initial) _____

Parental Consent and Waiver Form

To be completed and returned by the parent/legal guardian of all participants taking part in activities with the Calgary Chinese Community Service Association.

Program: Supercool After School

I agree to my daughter/son (*Printed Name/Child*), _____ taking part in the above mentioned program. I understand that there are inherent risks in the variety of activities in which my child will participate during the CCCSA summer camp. By signing this waiver, I waive my right to any and all claims that I may have against the CCCSA, their staff and representatives for any injuries or of an emergency and I cannot be reached, permission hereby granted to the CCCSA to secure medical treatment for my child. I give my permission for any emergency physician to treat the person named above. I accept for all medical expenses incurred.

Signature Date (DD/MM/YYYY):

Printed name of Parent/Guardian: _____

Signature: _____

Photo Release Waiver

I grant the CCCSA Supercool After School permission to use, for promotional purposes, photographs taken during the program.

Personal information of this form is collected under the authority of the Freedom of Information and Protection of Privacy Act, Section 33(C) RSA 2000. If you have any question regarding the collection or usage of this information, please contact Keith Ong.

Child's name _____ Parent's name _____

Date: _____ Signature: _____