

## Youth Programs

### 2009 Summer Program Guidelines for Students & Parents

All students & parents must check in at the registration table just inside the main doors on the first day of class. Students will continue to sign in and out each day of the week at the registration table.

All students must submit an emergency release form signed by a parent or guardian. Emergency release forms are found at the bottom of this letter. Additional forms are available at registration.

**STUDENTS MUST BE PICKED UP NO LATER THAT 30 MINUTES AFTER THEIR CLASS ENDS.**

- Instructors will begin class each week with a tour of the emergency exits and restrooms.
- Students should dress comfortably, are required to wear shoes at all times, and may bring a smock or old shirt to use as a cover-up, as well as any safety wear as required.
- All classes take a short break for snack. KSA provides a snack & juice for all students on Mondays only. All other days, students are encouraged to bring their own snack and drink. There are drink vending machines on the premises.
- Students registered for both morning and afternoon classes should pack a bag lunch. KSA staff members will be supervising the lunch break.
- **On Fridays there will be a wrap up display of students work from both the morning and afternoon sessions. This will take place between 2:30-3:30. Those enrolled in morning classes only will still be invited to partake. The display is an opportunity for family and friends to see what students have created during their sessions.**

#### **Collage, Felt, Paint & More (ages 8+)**

- Session 1: July 6-10, Mon.-Fri., 9:30-Noon
- Session 2: July 13-17, Mon.-Fri., 1-3:30 pm

#### **Little Potter (ages 8-12)**

- Session 1: July 6-10, Mon.-Fri., 1-3:30 pm
- Session 2: July 13-17, Mon.-Fri., 9:30-Noon

Students should bring an apron or old work shirt, ice cream buckets and a car washing sponge.

#### **Wire/Twine Jewellery with Beads (ages 13+)**

- Session 1: July 6-10, Mon.-Fri., 1-3:30 pm
- Session 2: July 13-17, Mon.-Fri., 9:30-Noon

Students should bring any beads they have as well there will be a trip to the bead store.

#### **Young Potter (ages 13+)**

- Session 1: July 6-10, Mon.-Fri., 9:30-Noon
- Session 2: July 13-17, Mon.-Fri., 1-3:30 pm

Students should bring an apron or old work shirt, ice cream buckets and a car washing sponge.

#### **Young Authors & Illustrators (ages 13-16) with Kate Bridger**

- Session 1: July 13-17, Mon.-Thur., 9:30 am-12:30 pm

#### **Designers Dream (ages 10+)**

- Session 1: July 6-10, Mon.-Fri., 1-3:30 pm
- Session 2: July 13-17, Mon.-Fri., 9:30-Noon

\*\*\*Discounts on week long workshops\*\*\*\*

Sign up for 2 or more courses and receive a \$25 discount.

Register 2 or more family members and receive a \$25 discount.

For more information visit [www.selkirk.ca/ksa](http://www.selkirk.ca/ksa) or call 250-352-2821

\_\_\_\_\_  
Parent's Last Name

\_\_\_\_\_  
Student's Last Name

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Home Phone

## EMERGENCY & RELEASE INFORMATION

Occasionally a student may become ill or have an accident while at school. This may necessitate contacting the guardian or seeking medical attention for the student. The information you provide below will allow us to care for your child in case of an emergency. **Registration is not complete without this signed form.**

*List your students attending this school, oldest first.*

### STUDENT INFORMATION

LAST NAME                      FIRST NAME                      M   M/F                      BIRTH DATE                      LIST ANY HEALTH PROBLEMS

Medical Card Number

### PARENT INFORMATION

NAME

EMPLOYER

WORK PHONE

CELL PHONE

E-MAIL ADDRESS

FATHER:

MOTHER:

GUARDIAN:

*In the event that none of the above are available, or in the case of an emergency, the school will call an ambulance or the paramedics if it is felt appropriate.*

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I have read and understand the information included on this form. Furthermore, I accept financial responsibility for all accident/illness-related costs and I agree to the emergency procedures outlined above.

\_\_\_\_\_  
Signature of parent or guardian

\_\_\_\_\_  
Relationship to the student

*I attest by this signature that I am the Legal Custodial Parent or Legal Guardian of the students(s) above. Falsifying any of the above information could result in legal action.*

**Please notify the school office of any changes in this information**

250-352-2821 or email [artsce@selkirk.ca](mailto:artsce@selkirk.ca)