

Summer Camp for Aboriginal Students



March 2013

Dear Parents,

On behalf of **The Pacific Institute for the Mathematical Sciences (PIMS)** and the **Vancouver School Board**, your child has been invited to attend *The Transitional Summer Camp* held at **Britannia Secondary School**.

The Summer Camp will run Monday to Friday for 5 weeks from Tuesday, July 2th until Friday, August 2th. Children will be supervised the entire day by PIMS staff. They will receive breakfast and lunch each day as well as a scholarship of **\$25.00** each week for having perfect attendance and strong work habits. *The goal of this program is to build a strong foundation for success in grade 8.*

The weekly schedule:

Monday – Friday

Morning:

8:30am – 9:00 am	Breakfast
9:00 am - 10:20 pm	Mathematics/English
10:20am - 10:40 pm	Snack
10:40 am - 12:00 pm	Mathematics/English
12:00pm - 1:00 pm	Lunch

Afternoon:

From 1:00 to 4:00, students will participate in a variety of athletic, cultural and artistic activities.

We believe that successful completion of the camp will give students an opportunity to build a solid foundation in Mathematics and English which will enable them to make a smooth transition to High School.

Melania Alvarez
BC Education Coordinator
(604) 822-0404



Summer Camp for Aboriginal Students



Personal Information:

Camper Information:

Name: _____

Nickname/ preferred name: _____

Middle Name(s) _____

Last Name: _____

Aboriginal/Indigenous Ancestry: _____

Birthdate: _____

Mailing Address: _____

City/Province/Postal Code: _____

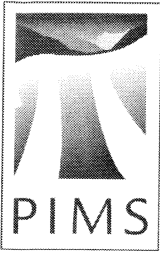
School Information:

Name of School: _____

Currently enrolled in grade: _____

Name of High School Student is planning to attend: _____

Pacific Institute for the Mathematical Sciences
Central Office and UBC Site Office
4164-2207 Main Mall* University of British Columbia *Vancouver B.C.*V6T 1Z4*Canada
e/pims@pims.math.ca* w/ www.pims.math.ca
t/ 604 822 3922 * f/ 604 822 0883



Summer Camp for Aboriginal Students



Primary Guardian Information:

Name: _____

Phone Number(s): _____

E-Mail: _____

Secondary Guardian Information:

Name: _____

Phone Number(s): _____

E-Mail: _____

EMERGENCY INFORMATION:

Emergency Contact: _____

Relation to Child: _____

Emergency Contact Phone Number: _____

Parent/Guardian's Daytime/Work Phone: _____

Medical Insurance Number: _____

Doctor's Name: _____

Doctor's Phone Number: _____



Summer Camp for Aboriginal Students



Date of Last Tetanus Shot: _____

Allergies: _____

Chronic conditions or recent illnesses of which the staff should be aware:

Special instructions for staff regarding campers health care:

Medication times and situations where treatment will be required:

Note: Medication must be over-the-counter or prescribed and supplied in the original packaging with clear labels that identify the camper by name. The packaging must also clearly identify the dosage and administration instructions. Medications should be given to one of the camp supervisors for storage in the first-aid kit. One of the supervisors or staff members will supervise the administration of the medication

I _____, give permission for PIMS camp or supervisors to administer first aid treatment to the above mentioned child. I also give permission for PIMS Camp staff to take appropriate emergency action as bringing the child to a clinic or hospital in cases that this is deemed necessary by PIMS staff.

Name of Parent/Guardian:
Please Print

Signature of Parent/Guardian

Date



Summer Camp for Aboriginal Students

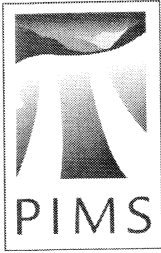


Chronic conditions or recent illnesses of which the staff should be aware:

Special Instructions for staff regarding campers health care

Medication times and situations where treatment will be required:

Note: Medication must be over-the-counter or prescribed and supplied in the original packaging with clear labels that identify the camper by name. The packaging must also clearly identify the dosage and administration instructions. Medications should be given to one of the camp supervisors for storage in the first-aid kit. One of the supervisors or staff members will supervise the administration of the medication.



Summer Camp for Aboriginal Students



Assumption of Risk

I acknowledge that while there will be supervision at the Summer Camp, there may be periods of time during which my child may be unsupervised. In addition, I acknowledge that there are many risks, dangers and hazards in allowing my child to participate in the activities of the Summer Camp, which include participation in sporting and play activities, and transportation to and from activity locations.

By signing and returning the enclosed copy of this letter to The Pacific Institute for the Mathematical Sciences, I consent to my child participating in the Summer Camp on the terms set out above and assume all risks associated with my child's participation in the Summer Camp.

Signature of Custodial Parent or Legal
Guardian

Name of Signatory

Name of Child

Date

Day-time Telephone Number

Evening Telephone Number

Name of Emergency Contact

Telephone Number of Emergency Contact

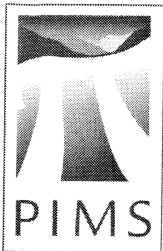
Personal information is collected pursuant to section 26 of the *Freedom of Information and Protection of Privacy Act*, RSBC 1996, c. 165, as amended. The information will be used for the purpose of registering and having your child participate in the Summer Camp.

As a condition of your child's participation in the Summer Camp, I would ask that you sign and return the enclosed copy of this letter no later than 9:30 am on July 3.

Yours truly,

Melania Alvarez

Pacific Institute for the Mathematical Sciences
Central Office and UBC Site Office
4164-2207 Main Mall* University of British Columbia *Vancouver B.C.*V6T 1Z4*Canada
e/pims@pims.math.ca* w/ www.pims.math.ca
t/ 604 822 3922 * f/ 604 822 0883



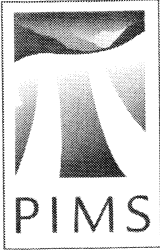
Summer Camp for Aboriginal Students

BC Education Coordinator

(604) 822-0404



Pacific Institute for the Mathematical Sciences
Central Office and UBC Site Office
4164-2207 Main Mall • University of British Columbia • Vancouver B.C. • V6T 1Z4 • Canada
e/pims@pims.math.ca • w/ www.pims.math.ca
t/ 604 822 3922 • f/ 604 822 0883



Summer Camp for Aboriginal Students



Photo Release for Children Under 18 Years of Age

I hereby grant to the Pacific Institute for the Mathematical Sciences and to its employees, agents and assign the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for all non-profit publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I agree to be photograph _____ Yes _____ No

Students Name

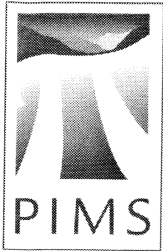
Students Signature

I certify that I am a custodial parent/guardian and have the aforementioned rights to assign.

Parent/Guardian Name

Parent/Guardian Signature

Date



Summer Camp for Aboriginal Students



Dear Student,

On behalf of **The Pacific Institute for the Mathematical Sciences (PIMS)**, and the **Vancouver School Board** you have been invited to attend *The Transitional Summer camp* held at **Britannia Secondary School**.

The Summer Camp will run Monday to Friday for 5 weeks from Tuesday, July 2th until Friday, August 2th. Children will be supervised the entire day by PIMS staff. They will receive breakfast and lunch each day as well as a scholarship of **\$25.00** each week for having perfect attendance and strong work habits. *The goal of this program is to build a strong foundation for success in grade 8.*

In order to receive the scholarship of \$25.00 each week you must arrive no later than 9:00 each morning and must attend the camp for the whole day. If you miss a day we will deduct the scholarship by \$5 dollars. If you miss more than three days during the camp you will be subject to dismissal from the camp.

If you are late without a valid excuse and you arrive after 9:00 you could lose the scholarship for that day.

Melania Alvarez
BC Education Coordinator
(604) 822-0404

By signing below, you acknowledge that you have read and agreed to the above terms of the summer camp.

Student's name: _____

Student's signature _____

Guardian's Signature : _____

Date _____



Summer Camp for Aboriginal Students



Additional Information:

Acceptance:

Upon completion of your child's application, you will be contacted by Melania Alvarez, PIMS Education, and informed about whether your child has been accepted, or placed on a waiting list.

You e-mail the application to the Education Coordinator at PIMS melania@pims.math.ca fax it at 604 822 0883 or give it to your child's teacher.

If you have any questions call Melania Alvarez at 604 603 7625

You can also send this application form to:

Melania Alvarez

Pacific Institute for the Mathematical Sciences

4165-2207 Main Mall

Vancouver B.C. V6T 1Z4