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AFK Day Camp Information

Dear Parents/Guardians:

Thank you for registering your child in one of our Artists for Kids Day Camp programs at the North Vancouver Education Services Center. Plans are well under way for a week of exciting art activities. The purpose of this information package is to provide you with more details, including our efforts to adhere to the [BCCDC guidelines for camps](#). It is also to ensure that you understand the inherent risks and give permission for your child to participate in all aspects of the program.

If you have any questions or concerns at any point leading up to or during your child's camp, you can reach us at: afkinfo@sd44.ca.

Please read the documents in this package. **Return your completed waiver (attached) by June 17th to afkinfo@sd44.ca.**

Sincerely,

A handwritten signature in black ink that reads 'Allison Kerr'.

Allison Kerr, Director Artists for Kids

Artists for Kids | Gordon Smith Gallery

2121 Lonsdale Ave., North Vancouver, British Columbia, Canada V7M 2K6

Phone 604.903.3798 Fax 604.903.3778 email: afkinfo@sd44.ca

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BCCDC Guidance for Day Camps (updated May 2, 2022)

All day camps have put measures in place to help reduce the spread of the COVID-19 virus. You can protect your child and others by following the [guidelines](#) below.

Please keep your child home if they are sick.

Check with your child daily to see if they have any COVID-19 symptoms before going to day camp. Teach them about common COVID-19 symptoms if they are old enough to understand.

- **Do not send your child to camp if they:**
 - are sick with, or showing symptoms of, COVID-19
 - have been told by public health to self-isolate because they are a close contact to someone with COVID-19
 - have travelled outside of Canada and are required to quarantine for 14 days.
- **If they have any symptoms unusual for them:**
 - Use the [self-assessment tool](#), call 8-1-1, or contact your health care provider to see if they need COVID-19 testing.
 - Self-isolate until symptoms resolve or as directed by public health.
- If your child exhibits signs of illness while at camp, your child will be placed in a supervised area to isolate until picked up by parents/guardians/or designated family care.

If you need to reach an AFK staff member while camps are in session, please contact:

Camp Dates	AFK Contact	Phone	Email
July 4-8	Allison Kerr	(604) 903-3789	akerr@sd44.ca
July 11-15	Daylen Luchsinger	(604) 903-3797	dluchsinger@sd44.ca
Aug 29 - Sep 2	Allison Kerr	(604) 903-3789	akerr@sd44.ca
Aug 29 - Sep 2	Daylen Luchsinger	(604) 903-3797	dluchsinger@sd44.ca

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Protocols In the Studio

While we strive to create a safe and welcoming place for children to explore their creative side, health and safety is always a priority at AFK. Extra precautions have been put in place in accordance with BC Centre for Disease Control Guidance for Day Camps. Teachers will be asking students to:

1. **Clean hands** often, including before and after:

- leaving and going home
- playing
- going outside
- eating
- using the washroom
- touching shared things like sports equipment, art supplies or toys.
- Some hand sanitizers are not safe for children and youth. Read labels carefully. Use an **alcohol-based hand sanitizer** that is [approved by Health Canada](#).

2. **Cover coughs and sneezes** with elbows or tissues. Put tissues straight in the garbage and wash hands.

3. **Masks** are a personal and family choice.

4. **Avoid sharing food, drinks, and other personal items.**

- If food is not provided, pack lunches in thermos containers and insulated lunch bags with an ice pack. Avoid dropping off meals during the day if possible. Be sure to pack a full water bottle.

Student Drop-off

- Camp participants will enter the building at the main building entrance on Lonsdale Ave at the South East side of the building.
- Artists for Kids staff will greet you at the door and check-in your child.

Student Pick-up

- Please arrange pick up of your child at the same entrance they are dropped off at.
- Children will remain under the supervision of the teacher until released to the parent/guardian or specified caregiver.

What to bring

- Please send snacks, lunch and a full water bottle. Camp participants will eat at their work station, and are asked to **not share food** and are encouraged to “pack out” their waste.
- Camps may be going outside so please send appropriate clothing (hats, jackets, etc. as necessary) and sunscreen if necessary.

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Program Risks

- **Risk reduction**

Our programs are considered low risk for accidents or personal injury to participants. However, teachers will discuss behavioural expectations with the children and take the appropriate safety precautions to minimize risk and to enhance the safety of all. It is important that camp participants remember that their behavioral expectations are consistent with all safety instructions.

- Teachers have access to first-aid supplies, cellular phones, emergency contacts & personal medical supplies (e.g. anaphylaxis) both in the studio and on all offsite excursions.
- Program teachers have the medical/learning information entered in your registration, however please feel free to contact the Artists for Kids Director in regards to any medical concerns.

- **Art Studio safety**

In the studio, participants will be instructed and monitored on studio safety and the proper use of tools and materials. Children will be asked to wash hand prior to using all common tools and materials.

- **Offsite excursions**

Our art camps are not confined to the indoor studio and there are times when teachers will take their groups outdoors and off the school district site to walk to various destinations within the neighbourhood. These walking excursions are often spontaneous, taking advantage of the weather and facilities in the neighbourhood. These trips may include, but are not limited to the following:

- Collecting items for projects
- Sketching sessions
- Use of a local community playing field, park and/or playgrounds for outdoor recreation, lunch or recess breaks.

- **Supervision**

At all times, the program teacher will endeavor to ensure a safe environment for the students. The program teacher will directly oversee the supervision of the children, including the safe use of tools and materials in the studio, participation in offsite excursions and during daily breaks including lunch.

Behaviour and Expectations

Every person has the right to feel safe, both physically and emotionally at camp. Behaviour issues will be resolved on an individual basis. The camp director reserves the right to withdraw any camper without warning who, in their opinion, compromises the physical or emotional safety of any person at camp, or who is an immediate hazard to the safety of themselves or others. There will be no refunds (full or partial) given for campers who are sent home due to the violation of behavior policies outlined to campers.

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AFK Day Camp Waiver

Student's name: _____

Camp date: _____

Please initial:

_____ I have read and understood the AFK Day Camp Information letter above.

_____ I am aware of the behavioral expectations of my child while participating in this program.

_____ I am aware that teachers may not administer medications. If emergency medical assistance is required, the parent or guardian will be contacted.

_____ I am aware that if my child has additional needs or will be attending camp with a private support worker, I need to contact AFK at afkinfo@sd44.ca after registration.

Student Photo Consent

I hereby grant Artists for Kids and the North Vancouver School District the permission to use, or reproduce, any pictures/film of the student named below, or any in which they may appear, in whole or in part, taken during the dates above for publishing, advertising, art, trade or other lawful purpose. _____ Yes _____ No

Student Art Consent

I hereby grant Artists for Kids and the North Vancouver School District the permission to use, or reproduce, any art created by the student named above for publishing, advertising, art, trade or other lawful purpose. _____ Yes _____ No

Parent/Guardian Signature: _____ **Date:** _____

Name of Parent/Guardian: _____

In order to release a child from summer day camp to a person that is not the child's parent or guardian, we require that you specify the information below:

Name of person picking up child: _____

Phone: _____ Relationship to child: _____

If you wish to give your child permission to walk or take the bus home alone after camp, please email afkinfo@sd44.ca (children 10 years old and older only).

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Student Medical Form

Name of Student: _____ Grade: _____

School: _____

Care Card Personal Health No.: _____ Birth Day (d/m/y): _____

Family Doctor: _____ Dr. Phone: _____

Name of Parent/Guardian: _____

Address: _____ Postal Code: _____

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

Please note any health condition, physical handicap, emotional difficulty, behavior problem, or other factors that may limit full participation in this program.

Has the student had a previous injury that would require special first aid treatment should another injury occur?

Is the student up to date on their immunizations:

☐ Yes ☐ No ☐ Unsure If no, please explain: _____

Does the student wear contact lenses: ☐ Yes ☐ No

Student is subject to:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Eye Infections | <input type="checkbox"/> Motion Sickness | <input type="checkbox"/> Sinus Problems |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Fainting | <input type="checkbox"/> Muscle Pulls | <input type="checkbox"/> Sleep Walking |
| <input type="checkbox"/> Dislocations | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Nose Bleeds | <input type="checkbox"/> Sprains |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Seizures | <input type="checkbox"/> Tonsillitis |
| <input type="checkbox"/> Ear ache | <input type="checkbox"/> Sensitive Skin | <input type="checkbox"/> High Blood Pressure | |
| <input type="checkbox"/> Enuresis (bed wetting) | | <input type="checkbox"/> Severe Allergies/Anaphylaxis (*provide details below) | |

Other conditions and/or *further detail (describe below)

Alternate Emergency Contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

In case of emergency, I hereby give permission to the physician selected by the supervisor(s) to provide necessary treatment for my child.

Parent/Guardian Signature: _____ Date: _____