

**To ensure safety please check appropriate box:**

My child has permission to remain after school to participate in the program and fieldtrips AND

I or a designated adult will pick up my child at the end of program (If designated adult changes, I will inform staff prior to pick up) OR

My child will walk home alone or with friends

I agree that my child will follow all reasonable directions given by program leaders/volunteers. In the event that my child is injured, ill or in need of medical attention and I am unable to be contacted, I authorize program staff and/or volunteers to seek medical attention on my behalf. I agree to pick up my child/children on time, at the end of the program (8:30pm). In the event that I am unable to do so and am late, program staff has the right to call emergency contact numbers. I understand that if I am late picking up my child, Little Mountain Neighbourhood House reserves the right to request a \$10.00 late fee.

1. By signing below, I hereby represent that my child has no physical restrictions other than described above that would prohibit my child's participation in the program.

2. By signing below, I hereby release, remise and forever discharge LMNH, its agents or volunteers, of and from all manner of actions, cause of action, claims and demands of whatsoever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by LMNHS.

3. I agree to my child's photo being used for documentation  and promotion

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I would like to receive program updates and notices for LMNHS Child and Youth Programs

# CREW



**TUESDAYS AND FRIDAYS 5:30-8:30PM  
GRADES 4 - 7**

**LITTLE MOUNTAIN NEIGHBOURHOOD HOUSE**

## 2019 JANUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15 Baking: Apple Streusel Muffins	16	17	18 Yes Day!	19
20	21	22 Skating @ Trout Lake	23	24	25 Science + Slime	26
27	28	29 Baking: Banana Bread	30	31		

**FOR MORE INFORMATION:  
CONTACT STEPHANIE FENG  
STEPHANIE\_FENG@LMNHS.BC.CA  
OR CALL (604)879-7104 EXT 410**

# 2019 FEBRUARY

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					<b>1</b> Lunar New Year Celebration	<b>2</b>
<b>3</b>	<b>4</b>	<b>5</b> Baking: Lasagna	<b>6</b>	<b>7</b>	<b>8</b> Apple Store: Garage Band	<b>9</b>
<b>10</b>	<b>11</b>	<b>12</b> Baking: Cupcakes	<b>13</b>	<b>14</b>	<b>15</b> Cartoons/ Disney Day	<b>16</b>
<b>17</b>	<b>18</b>	<b>19</b> Sports Day	<b>20</b>	<b>21</b>	<b>22</b> Apple Store: iMovie	<b>23</b>
<b>24</b>	<b>25</b>	<b>26</b> RAK: Sugar Cookies	<b>27</b>	<b>28</b>		

# 2019 MARCH

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
					<b>1</b> March Mystery: Whodunnit	<b>2</b>
<b>3</b>	<b>4</b>	<b>5</b> Surprise Week!	<b>6</b>	<b>7</b>	<b>8</b> Surprise Week!	<b>9</b>
<b>10</b>	<b>11</b>	<b>12</b> Iron Chef	<b>13</b>	<b>14</b>	<b>15</b> Camp-In: Party Day!	<b>16</b>

## CREW REGISTRATION FORM

Grade 4  Grade 5  Grade 6  Grade 7

School \_\_\_\_\_

Participants First and Last Name \_\_\_\_\_

Date of Birth dd/mm/yy: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Sex: M  F

Parent/Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Main) #1: \_\_\_\_\_ Phone#2: \_\_\_\_\_

Email: \_\_\_\_\_

Doctor: \_\_\_\_\_ Doctor's #: \_\_\_\_\_

Care Card/Medical #: \_\_\_\_\_

Medical/Health Concerns (Allergies, Medications, Special Notifications):

No  Yes: \_\_\_\_\_

\_\_\_\_\_

In case of Emergency:

Contact #1: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Contact #2: Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_