



**SCHOOLSPLUS (SYDNEY) AND CAPERBASE PRESENTS...**

## **~HEALTHY CONNECTIONS SUMMER BREAK CAMP~**

**FREE** four-day Summer Camp for grades 3, 4 and 5!! Come and enjoy an awesome line up of fun physical and creative activities and explore your “Inner Chef.”



Children are required to wear comfy active clothing and footwear. Lunch, snacks and drinks will be provided each day. **First 30 children to be registered, will receive a spot!!**

**Call now, and register!!!**

### **HOW TO SIGN UP???**

**Permission from parents/guardians is required!!**

To register your child or for more info on this program please contact:

Lindsay Latham (SchoolsPlus Facilitator) –563-4551  
or by e-mail: [llatham@gnspecs.ca](mailto:llatham@gnspecs.ca)

### **WHAT IS IT???**

Activities will include:  
Tae Kwon Do,  
Robotics,  
Fun Van,  
Basketball Skills and Drills,  
Hip-Hop,  
Arts and Crafts  
and MORE!

Local Chefs  
will also be facilitating  
daily cooking sessions!

### **WHO???**

Students in grades 3, 4  
and 5 from one of these  
Schools:

Brookland, Cusack,  
Harbourside, Membertou,  
and Shipyard

### **WHERE???**

Sherwood Park (SPEC)  
500 Terrace Street

### **WHEN???**

Monday - Thursday  
July 16<sup>th</sup> – 19<sup>th</sup>  
10am – 2pm

**SchoolsPlus, Sydney CBVRSB Presents**

**HEALTHY CONNECTIONS SUMMER BREAK CAMP**  
**Start Date: Monday – Thursday July 16<sup>th</sup> – 19<sup>th</sup>, 2018**

**WHERE:** Sherwood Park Education Center (SPEC) 500 Terrace St.

**WHEN:** Monday – Thursday July 16<sup>th</sup> – 19<sup>th</sup> from 10am – 2pm

**WHO:** Grades 3, 4, and 5 students from: Brookland, Cusack, Harbourside, Membertou and Shipyard Elementary

**HOW:** To register your child please call Lindsay Latham, SchoolsPlus Facilitator at 902-563-4551 or e-mail [llatham@gnspes.ca](mailto:llatham@gnspes.ca)

Students are asked to be dropped off at SPEC by 10:00am and picked up at SPEC by 2:00pm 😊

**Please fill out the below permission form and drop off to SPEC first day of camp.**

**REGISTRATION/PERMISSION FORM**

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Daytime phone#: \_\_\_\_\_

Cell #: \_\_\_\_\_

School Attending: \_\_\_\_\_

Emergency Contact : \_\_\_\_\_ Phone #: \_\_\_\_\_

Health Card #: \_\_\_\_\_

Medical Conditions/Allergies: \_\_\_\_\_

*By signing below, I (the guardian) am releasing the SchoolsPlus Program and CaperBase from liability due to injuries, etc that may occur as a result of my child's attendance and/or participation during the Healthy Connections Summer Break Camp. I am giving permission to the instructors to make arrangement for medical attention for my child in the event of an emergency. I understand that I will be notified as soon as possible if this authority is exercised.*

Name of Guardian: \_\_\_\_\_

Signature of Guardian: \_\_\_\_\_

Date: \_\_\_\_\_