

Roberts Creek Community School

Nights Alive

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November 16, 2021

Dear Parents/Guardians of Grade 6 & 7 Students,

We are very pleased to offer to your children **Nights Alive**, which runs **Fridays after school from 2:45 pm - 5:30 pm** when school is in session. Nights Alive (NA) is held in the **Roberts Creek Community School gym and at local sites within walking distance of the school**. NA provides an opportunity to engage in fun activities and to socialize while in a safe and supervised environment. We will be serving healthy snacks, with Covid safety protocols in place. Please note that masks will be required for all staff and students, except while eating and engaging in intense physical activity.

Of primary concern to us is that youth are accounted for and are safe. We invite youth in Grades 6 & 7 to arrive any time between **2:45 – 3:00 pm**. The **program ends at 5:30 pm sharp and we will require that all youth sign out and be picked up by this time. Pick up and drop off are always at the school gymnasium, unless you hear otherwise from us**. Should youth leave the school or activity site during the evening without pre-arranged consent, they will be unable to attend the program for 4 weeks. Parents **MUST** be available to reach by phone should your child need to be picked up early or due to a medical emergency.

Sign here with details if your child may coordinate their own way home at 5:30 pm.

Signature _____

Details: _____

Every participant must bring their signed permission form and photo release on the first day.

By signing below, you have agreed to the terms described above. We run the program all Fridays while school is in session through mid-June. We do not hold program on Pro D Days or holidays. If you have any questions, feel free to contact the RC Community School office at the number above.

Sincerely,
Nights Alive Staff

Nights Alive Participation Consent Form

Student Name: _____

Parent Name: _____

Parent Signature: _____

Parent phone number: _____

Second adult with permission to p/u student & Phone # _____

Care Card Number _____

Important Medical Information (allergies etc): _____