



Spring Learning Camp

(Ages 5 - 12)

March 16 - March 27

9:00 AM - 5:00 PM

Monday - Friday

Registration Form 2026

CCSS Spring Learning Camp is both fun and about learning! We help kids express their creative freedom and ideas. There are multiple different lessons prepared all in a way for it to be both educational and engaging. Games and lessons are prepared for the kids aged 5-12.

Brief program description

This spring, our 2-week camp offers a new and exciting theme each week, giving kids a fresh experience and unique lesson every time. Every Thursday, we'll head out on a fun and educational field trip. Campers will be placed in small groups with dedicated staff and volunteers to ensure both safety and fun throughout the program. In addition to themed activities, each day includes short sessions of weekly themed lessons as well as educational learning time for the current school year. Weekly hands-on activities include crafts, cooking, and STEM projects, along with plenty of outdoor play at Aberdeen Playground. With a blend of indoor learning, outdoor adventures, and unforgettable field trips, this spring camp is sure to be one to remember!

How to Register?

Please email elizabeth.li@ccssociety.ca after completing the registration form to submit. There will be a short interview with all applicants.

Weekly Schedule: March 16 - March 27

7580 River Rd #110, Richmond, BC V6X 1X6

Each week will feature a unique theme for children to learn and explore. The cost is **\$350 per child per week**. Please indicate which week(s) you would like your child(ren) to attend and specify the number of children you are registering.

Important: Registration will be prioritized based on payment order(s). To secure your spot, full payment must be received by Feb 28, 2026.

Payment: We primarily accept payment via e-transfer to payment@ccssociety.ca

If you prefer to pay in cash, please call in advance to arrange a time to meet at the center for payment,

Weeks	Amount Per child	How many children applying	Payment in full (Before the week of)	Payment Method (we do not take credit cards)	Amount you are paying
<input type="checkbox"/> Week 1 March 16 - March 20	\$350		<input type="checkbox"/> By Feb 28	<input type="checkbox"/> e-transfer <input type="checkbox"/> cash	
<input type="checkbox"/> Week 2 March 23 - March 27	\$350		<input type="checkbox"/> By Feb 28	<input type="checkbox"/> e-transfer <input type="checkbox"/> cash	

Below is a sample weekly schedule to give an idea of what to expect. Each week will include themed lessons along with **STEM activities, cooking, and crafts**. Every day we will start at 9:00am and finish at 5:00pm, with optional early drop off and late pick up times. Starting at 8:30am for early drop off and 5:30PM for late pick up.

In addition, there will be a **weekly themed field trip**, such as visits to Minoru Pool and Richmond Nature House. *All field trips are not confirmed and may change during the Spring camp.*

For all field trips, we will ensure the safety of participants by providing **volunteer chaperones and at least 2 staff members** to supervise the children.

Sample schedule

	Monday	Tuesday	Wednesday	Thursday	Friday
8:30 – 9:00	Early drop off	Early drop off	Early drop off	Early drop off	Early drop off
9:00 - 9:30	Opening + Rules	Opening + Rules	Opening + Rules	Opening + Rules	Opening + Rules
9:30 - 10:00	Quick game for energy	Quick game for energy	Quick game for energy	Leave Centre	Quick game for energy
10:00 - 10:30	Snacks	Snacks	Snacks	Snacks	Snacks
10:30 - 11:00	Face painting	Playground (Aberdeen Neighbourhood park)	Weekly themed Lesson	swimming	Baking (part 1)
11:00 - 11:30			Activity based on		
11:30 - 12:30	Lunch	Lunch	Lunch	Leave pool	Lunch
12:30 - 1:00	Movie: Migration			Lunch	Movie: Migration
1:00 - 1:30	STEM	Music lessons	Baking		Art Activity
1:30 - 2:00				Go to playground	
2:00 - 2:30				Homework help	Homework help
2:30 - 3:00	Clean up	Playground (Aberdeen neighbourhood park)			
3:00 - 3:30	Free time		Free time		
3:30 - 4:00		Playground (Aberdeen neighbourhood park)		Free time	
4:00 – 4:30	Clean up/closing	Clean up/closing	Clean up/closing	Clean up/closing	Clean up/closing
4:30 – 5:00	Late pick up	Late pick up	Late pick up	Late pick up	Late pick up
5:00 - 5:30					

Registration Form

Student information

Last Name	First Name	Preferred Name	
Address	City	Postal Code	
Care Card #	Home phone number	How old is your child?	Current grade
Child Welfare Legal Status (if any)			
<input type="checkbox"/> Permanent care	<input type="checkbox"/> Temporary care	<input type="checkbox"/> Alumni	

Second Student information (if applicable)

Last Name	First Name	Preferred Name	
Address	City	Postal Code	
Care Card #	Home phone number	How old is your child?	Grade entering in fall?
Child Welfare Legal Status (if any)			
<input type="checkbox"/> Permanent care	<input type="checkbox"/> Temporary care	<input type="checkbox"/> Alumni	

Parent Information

Parent 1

Last Name	First Name	Relationship to Student
Home phone	Cell Phone	Email Address

Parent 2 (if applicable)

Last Name	First Name	Relationship to Student
Home phone	Cell Phone	Email Address

Emergency contact

1)

Last Name	First Name	Relationship to Student
Emergency Contact Number	Main Language (s)	Spoken

2) (if applicable)

Last Name	First Name	Relationship to Student
Emergency Contact Number	Main Language (s)	Spoken

Family Doctor:

Last Name	First Name	Relationship to Student
Emergency Contact Number	Main Language (s) Spoken	

Important Health and Support Information

The information you provide will be kept confidential. This information will allow staff to know how to best support the student and to ensure she/he can be successful and safe in the summer camp.

<p>Does the student have any allergies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Details:</p>
<p>Does the student have any health concerns?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Details:</p>
<p>Does the student take any medication?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Details:</p>

Is the student diagnosed with a Special learning need?

☐ Yes

☐ No

Details:

In which academic area does the student need support?

☐ Math

☐ English

What specific part of either English/math does your child need support in?

E.g: Writing, Reading, Multiplication, Division, preparing for a grade

How does this student interact with authority figures?

☐ Respectful

☐ Challenged

How do you describe the students' self-esteem?

☐ Healthy

☐ Inconsistent

☐ Challenged

Does this student receive additional support at school?

If yes, what type(s) of support?

Other comments, supports, or notes:

All information collected will be used for the sole purpose of Connections Community Services Society Spring Learning Camp. All information will be kept confidential and will not be shared with any third-party groups except staff and volunteers.

Program Policy

Refund / Cancellation

There will be full refund if you withdraw at least 1 week before the camp. If less than 1 week, only 50% refund. No refund once the week starts.

There will be a daily sign-in and sign-out process. Only the designated parent/guardian listed on the registration form will be allowed to sign out the child, unless prior notice has been given to camp staff via phone call or email.

Program Activities Participation Consent

I, _____, hereby authorize the applicant, _____'s participation in Connections Community Services Society Spring Learning Camp. I understand and acknowledge that each participant must assume the risk and any related financial responsibility that could result from participation in the activities provided by the Connections Community Services Society (CCSS) and its partners. I agree to assume such risks and responsibilities.

I understand that CCSS or their partner agencies are not responsible for providing or administering medication to any youth. I agree to make arrangements for my child to have the necessary medication that they need and the means to take them when required. In case of sickness or accident, CCSS has my approval to secure such medical attention deemed necessary if I am unable to be contacted. I further understand that neither CCSS nor any of its paid or volunteer workers can be held responsible in the event of an accident.

I also authorize CCSS staff and volunteers to collect information that will help evaluate the effectiveness of the program. Any information collected will be confidential, and any reports or summaries made will not identify participants.

Drop off pick up

I (the parent/guardian) understand that the participant is under the parent's/guardian's care before 8:30 am and after 5:30 pm. Once a child has been signed out of camp, it is the responsibility of the parents/guardians to ensure the safety of their child(ren).

Consent for Photography/Videos (check box that applies)

Furthermore, I Do ☐ / Do Not ☐ give permission for the employees and volunteers or CCSS to take pictures of the applicant and use the resulting Photographs in Promotional materials developed by the organization. This consent is valid for one year from the date of this form and may be cancelled at any time by emailing CCSS.

I _____, have read and ensure that all information on the registration form is correct. I have read and understand the camp policies and agree to follow them.

Name:

Date:

Signature: