





Date: April 8, 2025

Dear Parent/Guardian:

Welcome to the After School Sport and Arts Initiative (ASSAI). School District 28, in partnership with the Quesnel Arts and Recreation Centre, through funds by the Province of BC the Ministry of Community, Sport, and Cultural Development is offering the students of the Quesnel community safe, accessible and high-quality art and sport programming in their community school. This engaging and inclusive program welcomes students free of charge in grades 4 to 7 who attend **Parkland Elementary**.

The program will be offered at Parkland Elementary on <u>Tuesdays and Thursday, from May 6 – June 12, 2025</u>. Each event begins at the end of the school day and ends at 4:00 p.m.

Note that this program will be cancelled on any days where school is not in session or buses are not running due to weather conditions.

The leader's onsite will provide a program consisting of a 45 minute physical sport activity and a 45 minute art activity, with two short breaks with snacks provided.

Parents will be required to have a plan for their child for either pickup or walking home immediately after the session ends.

This program can serve a maximum of 25 students, with placements available on a first-registered, first-served basis. Additionally please note that <u>we cannot supervise siblings</u> in this setting, arrangements will have to be made for siblings to arrive home safely.

Please complete and return the attached form if you wish your child to attend this program to the school office.

Sincerely,		
Sue Saíp		
Sue Saip, Principal		







Please complete the following information for your child and return to the school office.

Date						
Last Name		First Name				
Schools Name		G	Grade			
Address		Po	Postal Code			
Home Contact		·				
Home Phone Number Mobile Phone Nu		umber	Work Phone Number			
Emergency Contact Name and Number:						
Allergy Information:						
Medical Conditions or Restrictions:						
Do you identify as Indigenous? Y/N Do you identify			person with a disability? Y/N			
Any Information:						
I consent to emergency treatment for my child in case I cannot be contacted. Y/N						
I consent to photos/videos of my child being used for promoting this program. Y/N						
At the end of each session, my child will: (Example - Walk home)						

Name of Parent/Guardian	Signature	Date	