

Healthy Buddies™ School-based Health Promotion Program

Expression of Interest

The Healthy Buddies team is inviting Expressions of Interest from schools wishing to receive the Program and in-service.

Please complete the following:

School District # _____ District Name _____

School Name _____

School Address _____

Phone _____ Fax _____

School Contact: _____ Email _____

School Principal: _____ Email _____

1. YES NO Our whole school would like to be involved in Healthy Buddies™.

(Approximate number of classrooms enrolling _____)

2. Our whole school is not able to participate, however...

_____ (#) of Primary divisions and

_____ (#) of Intermediate divisions

...are interested in receiving the Program. At least one of each must be indicated.

Your completed form will remain in our database for our records only. By completing and submitting this form, you are letting us know that at least two classes in your school would like to implement the Program. Should funding become available for Program delivery and in-service, we will contact you.

Please fax to 1-604-740-0886

Note:

If you are interested in purchasing the Program resources for immediate delivery without an in-service, OR if you are contacting us from a jurisdiction outside of British Columbia, Canada and would like to purchase the Program resources for use in your area(s), visit the BC Children's Hospital online Resource Bookstore <http://bookstore.cw.bc.ca>