



# Echo Valley Middle School

Session 5: April 26th - June 11th



Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone: \_\_\_\_\_

February 15th, 2021

Greetings, EVMS Families!

I cannot believe it is time to register for our final session of ONWARD!! This year has been a whirlwind! **Session 5 runs from April 26th to June 11th.** We will be running in-person programming Monday, Tuesday, Thursday, and Friday, from 2:15pm -5:00pm, and Wednesdays from 12:00pm - 3:00pm. **Wednesday half-day programs will take place at Washington Village School.** Middle school students will take the bus to the elementary school. Students who ride home with a parent can be picked up at WVS. Students who ride the bus will be dropped off at their usual stop. **Note that bus stop times for Wednesdays will be approximately 2 hours earlier than on full school days.**

CVSU Afterschool programs offer a safe, fun, and stimulating afterschool experience. We are educators who believe in building great relationships with and among students; helping students to recognize and realize their potential; and giving kids the opportunity to express themselves in a variety of engaging and enriching activities. Safety measures taken during the school day will remain in place for afterschool. We will wear masks indoors, and maintain a 6-foot physical distance. Activities will take place outdoors when possible so students can be mask-free with a safe physical distancing! **Make sure that your child comes with clothing appropriate for the weather!**

If you are enrolling in the Afterschool program for the first time, the **Registration Form, Transportation Form, and Enrollment Form** must be filled out and submitted online or delivered to the EVMS office before your child can attend ONWARD. All but the Enrollment Form need to be completed *only once per school year* unless you need to make changes to the information.

Daily Schedule
2:15 - 3:15 - Snack/Opening Circle/Recess
3:15 - 4:45 - Activity
4:45 - 5:00 - Closing Circle/Clean-up/Dismissal

**Registration materials must be completed in their entirety before students will be considered for enrollment.** Please feel free to reach out with any questions or concerns! We look forward to providing your child a safe, fun afterschool learning experience.

Sincerely,

Inge Winters

EVMS Site Coordinator

[iwinters@cvsu.org](mailto:iwinters@cvsu.org)

1 (802) 433-3964

# Session 5 Activities

Please select **one** activity per day. Activities with a maximum capacity will be first-come, first-served.

## Monday

- Film Club:** Start out the week with an exploration of cinema from the past and present with Ms. Sue.
- Open Art Studio:** Express your creative side! Make up for lost time in the art room with Ms. Winters.

## Tuesday

- Intramural Sports:** Play with your classmates in a variety of sport activities. Learn to work on a team, build communication skills, and play for the fun of it!
- "Whose Line is it, Anyway?":** Improv club with Mr. L. inspired by the popular tv show.

## Wednesday 12:00-3:00

- Washington Village Wednesdays:** Ride over to Washington Village and meet up with Ms. Winters, Mr. L., and the ONWARD! Staff at Washington Village school. Middle School students can mentor their elementary friends, join them in a Mindful Movement session with Ms. Winters, teach them some improv games with Mr. L., or participate in the activity offered in the elementary ONWARD! room. There will also be time to play your favorite sport on the field or the basketball court, or enjoy the playground!

## Thursday

- Sunshine Committee:** We are bringing back an ONWARD! favorite. As a member of the Sunshine Committee, students will work with Ms. Rosenbaum to help to spread joy around our school and community.
- Live Action Role Play:** Create your character and build your own adventure with Mr. L.

## Friday

- Chill Zone and Mindful Movement:** We are combining two end-of-the-week classics! After snack and recess, enjoy a mindful moment with Ms. Winters. Afterwards, the group can choose their favorite low-key activity to end the week! With special guest appearances from Ms. Rosenbaum.

# Central Vermont Supervisory Union Afterschool

Bridges Afterschool and ONWARD! Afterschool  
Northfield Roxbury Orange Washington Williamstown

Registration Form  
2020-2021

**This form needs to be completed only once per year (July 1 to June 30) unless any information has changed.**

## 1. Student Information

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

Student's School 2020-21: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

## 2. Parent Information

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Employed at: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**\*It is absolutely crucial that we have a phone number where parent/guardian can be reached during afterschool program time (3:00 to 5:00 p.m.)**

Email address: \_\_\_\_\_

If student also lives with another parent or guardian:

Name of Parent(s)/Guardian(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Employed at: \_\_\_\_\_

Home phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## 3. Health Information

- Does your child need to take any medication during afterschool program time?  YES  NO
- Does your child have an illness, allergy, health problem, or disability?  YES  NO
- Does your child have an IEP or 504 Plan?  YES  NO
- Does your child wear glasses or contact lenses?  YES  NO
- Does your child have social, emotional, or behavioral challenges?  YES  NO

**If you answered yes to any of the above questions, or would like to share any other information about your child and how we can best support their afterschool experience, please use the space below. \*In order meet the needs of your child, we may require a doctor's note before a student may participate.\***

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Do you have health insurance for your child?  YES  NO

Name of child's doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

## 4. Pick-Up Permission

**Safety is our highest priority!** Other than the parent(s)/guardian(s) listed above, who has your permission to pick up your child? The individuals must be at least 16 years old and must be able to show at least one form of picture identification. Any changes to this list must be communicated in writing to the site coordinator.

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

**5. Agreement to Terms**

Please initial to indicate your acceptance of/agreement with each item below. (Not initialing indicates that you do not accept/agree to the terms.)

- \_\_\_\_\_ I authorize the *CVSU Afterschool Program* to access my child’s school file, including but not limited to health records, free and reduced lunch status, and special education accommodations.
- \_\_\_\_\_ I authorize *CVSU Afterschool* staff to consult with my child’s teachers and other school personnel regarding my child’s needs. I understand that information will be shared on an as-needed basis only.
- \_\_\_\_\_ I understand that photographs or videos may be taken for publicity purposes. I give permission for my child’s image(s) to be used.
- \_\_\_\_\_ I give permission for surveys to be given to my child and my family for program needs.
- \_\_\_\_\_ I give permission for my child to participate in offsite walking field trips. *Permission forms will be sent home prior to field trips requiring transportation.*
- \_\_\_\_\_ I give permission for my child to participate in wading activities.
- \_\_\_\_\_ I give permission for my child to participate in swimming activities.
- \_\_\_\_\_ I allow *CVSU Afterschool Program* staff to apply sunscreen, insect repellent, antibiotic cream, and other topical first-aid products to my child.
- \_\_\_\_\_ If walking field trips are interrupted by inclement weather, I authorize vehicular transportation for my child back to the program site without requiring further notification of such transportation.
- \_\_\_\_\_ I authorize the *CVSU Afterschool Program* to access to my child’s immunization records on file with the school. I understand that, if I deny this authorization, I am required to provide immunization records directly to the *CVSU Afterschool Program* before my child can participate.
- \_\_\_\_\_ I have received the *CVSU Afterschool Family Guidebook*; I have read, understand, and agree to the policies stipulated therein.

**6. General Release**

**A)** I hereby give permission for my child to participate in the *CVSU Afterschool Program*. I assume all risks and hazards, incidental to such participation, including transportation to and from activity, and I hereby waive, release, absolve, indemnify, and agree to hold harmless the *CVSU Afterschool Program*, Central Vermont Supervisory Union, their officers, agents, officials, employees and volunteers, the organizers, sponsors, supervisors and participants for any claim arising out of an injury to my child. I will notify *CVSU Afterschool* if any information about my child changes.

**7. Medical Release**

**B)** In the event that my child is injured or needs medical help, I understand that the hospital personnel will attempt to contact me before administering treatment to my child. If I cannot be reached, I hereby give permission for the person(s) named below to be called for authorization. **We must have this information.**

Name:		Relationship to Child:	
Home:	Work:	Cell:	
Name:		Relationship to Child:	
Home:	Work:	Cell:	

**C)** I authorize *CVSU Afterschool Program* staff to obtain emergency transportation and medical care for my child at a hospital or physician’s office at my expense. I understand that I will be notified first if at all possible.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
 Printed Name of Parent/Guardian: \_\_\_\_\_

## Registration of Additional Child(ren)

If you have (an) other child(ren) to enroll in the **same CVSU Afterschool Program** and **for whom all of the information in Sections 2, 4, 5, 6, and 7 is the same**, you may use this form to enroll the other child(ren). You may make copies of this form if necessary. *If any information other than that in Sections 1 and 3 differs for the additional child(ren), or if additional child(ren) will attend a different CVSU Afterschool program, please complete a separate registration form for them.*

### 1. Student Information

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Student's Mailing Address: \_\_\_\_\_

Student's School 2020-21: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

### 3. Health Information

- Does your child need to take any medication during afterschool program time?  YES  NO
- Does your child have an illness, allergy, health problem, or disability?  YES  NO
- Does your child have an IEP or 504 Plan?  YES  NO
- Does your child wear glasses or contact lenses?  YES  NO
- Does your child have social, emotional, or behavioral challenges?  YES  NO

**If you answered yes to any of the above questions, or would like to share any other information about your child and how we can best support their afterschool experience, please use the space below. *\*In order meet the needs of your child, we may require a doctor's note before a student may participate.\****

Do you have health insurance for your child?  YES  NO

Name of child's doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name of child's dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

I certify that the information in Sections 2, 4, 5, 6, and 7 of the original registration form is the same for this child.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**This form MUST be attached to the original registration form.**

# Central Vermont Supervisory Union Afterschool Program

*Bridges Afterschool*  
NES NMHS RVS

*ONWARD Afterschool*  
OCS WES WMHS WVS

## 2020-21 Transportation Form: Orange/Washington

Student Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Parent Phone Number: \_\_\_\_\_

Afterschool Program Location: \_\_\_\_\_

How will your child get home from the Afterschool Program?  Walk  Pick up  Bus

**If using the late bus, please indicate your stop below.**

*Given the size of the geographic area served, late-bus routes differ from school-day routes. We do our best to cover as much area as possible. Actual drop-off times may vary due to travel conditions. Please allow a 15-minute window before and after the published time for actual drop. You will be notified of any bussing delay beyond 15 minutes.*

### Monday, Tuesday, Thursday, Friday Bus Schedule

- 4:50 Echo Valley Elementary School
- 5:00 Echo Valley Middle School
- 5:02 Donna Lane
- 5:26 Gramp's Country Store
- 5:37 Route 302/Reservoir
- 5:44 Tucker/Spencer
- 5:51 Morrie/Woodchuck Hollow
- 6:06 Echo Valley Elementary School

### Wednesday Bus Schedule

- 3:00 Echo Valley Elementary School
- 3:20 Gramp's Country Store
- 3:30 Route 302 Reservoir
- 3:35 Tucker/Spence
- 3:45 Morrie/Woodchuck Hollow
- 3:55 Donna Lane

By completing this form, I acknowledge that my child will depart from the Afterschool Program via the method indicated and that **changes to my child's transportation plan must be communicated in writing to the Site Coordinator**. I understand that, if my child is a walker, once they have signed out for the day, the *Central Vermont Supervisory Union Afterschool Program* is no longer responsible for their safety. If my child rides the late bus, I understand that my child will get off at their indicated stop regardless of a parent's presence, unless they have not yet completed 2<sup>nd</sup> grade, in which case they will be returned to their program site, and that it is my responsibility to ensure my child's safety at this time. **If my child is a "pick-up", I understand that they will only be released to individuals identified on the *Registration Form*.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please print Parent/Guardian name here: \_\_\_\_\_