

WES ONWARD Afterschool Program

Name: _____

Grade: _____

Homeroom Teacher:

Session Two - Monday, October 28th - Friday, December 20th 2024



Dear WES Families,

What an amazing first session we had at WES ONWARD! So many new faces and the weather was fabulous! Please remember that this may not be the case in the future and to pack extra layers, as we go outside as much as possible.

- Programs are filled on a first-come, first-served basis. It is important that you turn in your paperwork promptly.
- Students whose enrollment and registration paperwork is incomplete will not be enrolled. Students may not attend if we do not have all of the required documentation, as follows:
 1. Registration Form: Complete once per year (July 1 to June 30) unless information has changed. If your child attended our summer program or a previous session this school-year and all of the information remains the same, you do not have to complete this form again.
 2. School-Year Family Contribution Form: Complete once per year.
 3. School-Year Transportation Form: Complete once per school-year unless information changes.
 4. Enrollment Form: Complete for each session.

All forms are available at school, on our webpage <https://www.cvsu.org/domain/375>, in our Blackboard email announcement, or by request to Katie Lovely (klvely@cvsu.org).

- Significant and/or continuous behavior issues will result in dismissal from the program for the session.
- We will keep a waiting list of students whom we were unable to enroll in case a student who did get a spot does not attend or stops attending.

Best wishes,
The WES ONWARD Team

Important Dates

Please note that WES ONWARD is not running the following days:

- Tuesday, November 5th
- Friday, November 8th
- Monday, November 11th
- Wed-Fri, November 27-29th
- December 23rd-January 3rd

Early Release Days

Wednesday, December 11th, is an early-release day. Students who are regularly enrolled for Wednesdays at ONWARD will be automatically enrolled for early-release Wednesdays from 1:00 to 5:00. Students who do not enroll for Wednesdays can sign up to attend ONWARD from 1:00 to 3:15 on early-release days.



Name _____ Grade _____

Primary Guardian _____

Email _____ Phone _____



Enrollment and Activity Choices

Monday ___ Simple Cooking (3-5) ___ Go Play Outside (K-5) ___ Gym Games (2-5) ___ Chill Zone (K-5)

Tuesday ___ Forest Friends (K-5) ___ Crafternoon (K-3) ___ Mythology (1-5) ___ Mystery Solvers (K-5)


Wednesday ___ What's Up Wednesday (K-5) ___ Early Release Wednesdays ONLY (K-5)

Thursday ___ Mindful Coloring & Zentangles (K-1) ___ Gym Games (K-1)
___ American Sign Language (2-5) ___ Outdoor Adventures (2-5)

Friday ___ Crafternoon (3-5) ___ Go Play Outside (K-5) ___ Chill Zone (K-5)

Check out the WES
Onward Afterschool
Facebook page!



Things to remember... 

Each day students should have appropriate clothing and footwear for daily outdoor play.

No cell phones or personal items should be brought to Onward Afterschool Program.

ONWARD Daily Schedule

2:50-3:30

Snack and Recess

3:30-4:30

Activity Block

4:30-5:00

Clean Up

Closing Activity

Dismissal

Contact Information

- Site Coordinator - Katie Lovely
- klovely@cvsu.org
- 802-565-0693



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: _____
Mailing Address: _____
School: _____ Grade: _____ Teacher (elementary only): _____

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/summer program time.**
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? YES NO
- Does your child have a 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 #: _____

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 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: _____ 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.

**CVSU Afterschool
Transportation Form
School Year 2024-25**

Williamstown

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 bus, please indicate your stop below.

Actual pick-up and drop-off times may vary due to travel conditions. Please allow a 15-minute window before and after the published time for actual arrival. You will be notified of any bussing delay beyond 15 minutes.

	p.m.	
Pump & Pantry/Route 14	5:04	<input type="checkbox"/>
Limehurst Mailboxes	5:08	<input type="checkbox"/>
Beckett St./Route 14	5:11	<input type="checkbox"/>
Martin Rd./Graniteville Rd. Intersection	5:15	<input type="checkbox"/>
Robar Rd./Cogswell Rd. Intersection	5:20	<input type="checkbox"/>
Lambert/McCarthy Intersection	5:24	<input type="checkbox"/>

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.**

Walkers: If my child is a walker, I understand that, once they have signed out for the day, the *Central Vermont Supervisory Union Afterschool Program* is no longer responsible for their safety.

Bus Riders: If my child rides the late bus, I acknowledge that I have read and I understand *CVSU Afterschool’s Late Bus Drivers’ Protocol for Student Drop-Off* on the reverse of this form. If my child is in grade K-5 and rides the late bus, I understand that they will be dropped off at their stop only if an authorized person is present to meet them. If my child is in grade 6-12 and rides the late bus, I understand that they will be dropped off at their stop whether or not an adult meets them, and that it is my responsibility to ensure my child’s safety at this time.

Pick-Ups: If my child is a “pick-up,” I understand that they will be released only to individuals identified as authorized persons on the *Registration Form*.

Parent/Guardian Signature: _____ Date: _____

Please print Parent/Guardian name here: _____

CVSU Afterschool Late Bus Drivers' Protocol for Student Drop-Off

- Students in grades K through 5 who ride the late bus will be dropped off only if an authorized person is present to meet them.
- The CVSU Afterschool site coordinator will provide the bus driver with a list of persons authorized by each student's parent/guardian to meet the student.
- The bus driver will ask for photo identification from the person meeting the student at the bus stop unless/until the driver is familiar with the authorized persons.
- The bus driver will not release a student to any person who is not on the list of authorized persons.
- CVSU Afterschool will inform parents/guardians of K-5 students that the authorized person should come to the door of the bus to meet their student and should be prepared to show photo identification to the bus driver.
- CVSU Afterschool requires that parents/guardians submit changes to a student's transportation plan to the site coordinator in writing. This includes changes or additions to persons authorized to meet students at the bus stop.
- If a student in grades K-5 is not met by an authorized person at the bus stop, the student will remain on the bus and the bus driver will call the site coordinator who will attempt to contact the student's parent/guardian.
 - If a parent/guardian can be reached and is able to report to the bus stop within 2 or 3 minutes, the driver will wait for the parent/guardian to arrive.
 - If a parent/guardian cannot be reached or cannot report to the bus stop within a few minutes, the student will be returned to school, where they will be met by the afterschool site coordinator or their designee.

We depend on family contributions to continue to offer quality programs. However, all CVSU students are welcome regardless of their family's ability to pay. Please use this form to determine our suggested per-child contribution. If that amount is more than you can afford, we ask you to pay what you can. If you have any questions or concerns, please call Cara Sargent at 802-433-7060.

**CVSU AFTERSCHOOL
Family Contribution
Form
2024-25**

Please use this table to determine the suggested amount of your family's contribution and check the corresponding box.			
CVSU Afterschool Program Fees	<input type="checkbox"/> Tier 1 Household income is > \$150,000	<input type="checkbox"/> Tier 2 Household income is < \$150,000 and students are <u>not</u> eligible for F/R lunch	<input type="checkbox"/> Tier 3 Students are eligible for F/R lunch
Daily Rate	\$10.00 per child per day	\$5.00 per child per day	\$2.00 per child per day

Please check one option below:

- I will pay the suggested contribution.
- I am unable to pay the suggested contribution, but will contribute a smaller amount.
- I am unable to pay anything at this time.

Please remember that all of our students are welcome, regardless of their family's ability to pay or the amount of the family's contribution.

We accept checks and cash. Please make checks out to *CVSU Afterschool* and deliver directly to the Site Coordinator or **mail to CVSU Afterschool, 111B Brush Hill Road, Williamstown, VT 05679**. Cash must be delivered directly to the Site Coordinator.

We appreciate receiving contributions at the beginning of each session. If that is not possible, we will hand-deliver or mail a reminder to you during the session. You may pay in installments if that is helpful to you. Please indicate your intention to do so with your first payment.

Parent/Guardian Signature

Date