



Welcome to ONWARD!



Echo Valley Middle School
Session 4: March 10, 2025 - April 18, 2025

Hello, Echo Valley Community,

It's time to enroll for the next session of ONWARD Afterschool! Session 4 will start on **Monday, March 10th**. To register and enroll your student(s), please review the checklist below and complete the necessary pages from this packet. Make sure to check out The Refrigerator Page for some important updates and reminders!

For those of you who may not be familiar with what we do, ONWARD Afterschool offers a safe, fun, and enriching afterschool experience for students in the CVSU community. We are educators and community members who believe in building a sense of community while helping students to recognize and realize their potential. Students in our programs are given the opportunity to express themselves in a variety of interesting and enriching activities.

Thank you for being a part of the Echo Valley ONWARD community! If you have any questions, comments, concerns, or want to learn about how you can get involved with our programs, please feel free to reach out to me any time!

Sincerely,

Tyler K. Beede
Administrative Site Coordinator
802-433-3964
TBeede@cvsu.org

IMPORTANT:

PLEASE READ THE FOLLOWING BEFORE COMPLETING THESE FORMS

If this is your child(ren)'s **first time attending ONWARD this year**, you will need to complete the following:

- Registration Form
(Completed once per school year)
- Enrollment Form
(Completed once per session)
- Transportation Form
(Completed once per session)

If your student(s) **registered for a previous session, or ONWARD Summer 2024**, you will need to complete the following:

- Enrollment Form
(Completed once per session)
- Transportation Form
(Completed once per session)

THE REFRIGERATOR PAGE



This page is for you! Take this page and stick it on your fridge before returning your enrollment and registration forms to help keep track of these important dates and reminders.

IMPORTANT DATES

Session 4 Starts: March 10th

Session 4 Ends: April 18th

Early Release Dates

March 12th

April 9th

No ONWARD

February 24th - March 7th- School Vacation

March 14th- Parent Conferences

April 21st - April 25th- School Vacation

ADMINISTRATIVE UPDATES

Wolfpack Mentors Program Update- Our mentoring program will conclude at the end of Session 3. With this, students will no longer be bussed to Echo Valley Elementary on Wednesdays. Our final visit date will be Wednesday, February 19th.

Help Wanted!- Looking for something to do between 3:00PM and 5:00PM on weekdays? We are looking to add to our team of afterschool professionals! Reach out to Tyler at TBeede@cvsu.org for more information!

REMINDERS

Early Dismissal Policy

ONWARD dismisses between 4:45PM and 5:00PM.

If you plan to pick your child up before this time, please let us know by either sending an email to TBeede@cvsu.org or calling and leaving a message at the school! This way we can make sure they're ready to go when you arrive.

You can now access our Online Enrollment and Registration form using this QR Code. Just point your phone's camera at it! Pretty neat, right?



ONWARD Afterschool Enrollment

Session 4 (March 10, 2025 - April 18, 2025)

Student Name: _____

Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____

Parent /Guardian Email : _____

Please select the day(s) your child will attend, then choose which activity they will be participating in.

Activities are filled on a first-come, first-served basis, but we will try to accommodate everyone's choices whenever possible!

☐ Monday

- ☐ Skills for Life: Close to Home
- ☐ Writing Club

☐ Tuesday

- ☐ Active Adventures
- ☐ Independent Study

☐ Wednesday

- ☐ Hands on Crafts
- ☐ Writing Club

☐ Thursday

- ☐ Aquaponics 2: Just Keep Swimming
- ☐ Independent Study

☐ Friday

- ☐ Freeform Friday

Activity Descriptions

Skills for Life: Close to Home

From baking bread from scratch to mending your own pants, this session's Skills for Life activity will be focused on skills you can bring home!

Active Adventures

We're going on an adventure! Join Ms. Mazza every Tuesday this session for a new, fitness-based activity. Activities will range from gym games and yoga to outdoor adventures, so come prepared to move!

Hands on Crafts

It's time to get crafty! Each week will feature a new, hands-on craft ranging from Origami to painting and more!

Writing Club

Do you have a piece of writing you need a second opinion on? Or maybe a story idea you just can't seem to get started on? Then come join the ONWARD Writing Club on Mondays and Wednesdays! Students will be encouraged to write, reflect, and respond to others' ideas and challenged to push themselves as writers.

Independent Study

The perfect place for students who need a little extra time to study, catch up on school work, or dive into an independent project.

Aquaponics 2: Just Keep Swimming

Aquaponics is a system in which plants are grown using the byproducts of farmed fish or other aquatic animals. Starting in January, we assembled our very own small-scale aquaponics system in the ONWARD room. This session, we will be adding our fish, starting our plants, and learning what it takes to keep our system balanced.

Freeform Friday

Fridays are all about choices here at ONWARD! Every Friday, students will be given the opportunity to revisit an activity from earlier in the week or choose from our menu of Friday Options.

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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have an illness, allergy, health problem, or disability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have an IEP? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have a 504 Plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child wear glasses or contact lenses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have social, emotional, or behavioral challenges? | <input type="checkbox"/> YES | <input type="checkbox"/> 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? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have an illness, allergy, health problem, or disability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have an IEP or 504 Plan? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child wear glasses or contact lenses? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| • Does your child have social, emotional, or behavioral challenges? | <input type="checkbox"/> YES | <input type="checkbox"/> 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**

Echo Valley

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. | |
|---------------------------|------|--------------------------|
| Morrie/Woodchuck Hollow | 5:05 | <input type="checkbox"/> |
| Route 110/Donna Lane | 5:10 | <input type="checkbox"/> |
| Tucker Rd./Spencer Rd. | 5:13 | <input type="checkbox"/> |
| Echo Valley Middle School | 5:15 | <input type="checkbox"/> |
| Gramp's Country Store | 5:32 | <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.