

**STUDENT'S NAME**

## Blue Devil Afterschool

What a snowy winter we have had! We hope everyone enjoys their long February break and will be ready to return for some fun after school with Onward. This session, Ms. Laura will be stepping away from April through the end of the year for maternity leave; our wonderful lead teacher Ms. Michelle will be covering the site coordinator position in her absence. All programs will still run per usual, but please welcome and help Ms. Michelle as she steps in to keep everything running smoothly at Onward. Please look for an email coming soon for some new communication methods in Ms. Laura's absence.



We meet each day from 3:00-5:00 p.m. in the PLC with our ONWARD teachers. Ms. Michelle, Josh, and Ms. Laura are present daily; Mrs. Frye, Mr. Beling, Ekaterina, Mr. Houle, and Mr. DuBois are also teachers who run clubs; and we welcome Ava, our student staff support, this session as well. We also have Ms. Ladeau and Ms. Salter running our theater club this session, which includes some students from EVM! We have some favorite “standing” clubs that stay the same, and others that are new and developed from student interest. Brand new for Session 4: the beginnings of our walking club, “Heart and Sole,” which is open to all students who identify as female. We hope to begin a full “Heart and Sole” team next year (this program is linked to the elementary-aged program: Girls on the Run). 😊 We are lucky to be able to offer our ONWARD afterschool programming for FREE. Please reach out to Laura Greve at the email listed below if you have any questions or concerns about our programs or enrollment. Thank you for taking the time to view this document with your student, and for selecting from our program offerings for your participating scholar.

### **Blue Devil Pride!**

Laura Greve, Site Coordinator  
Lgreve@cvsu.org

### **Our WMHS ONWARD program is FREE!**

- We are open to all WMHS middle and high-school students as well! All of our programs are first-come-first-served, until we reach capacity. Minecraft accounts fill up fast, FYI!!!
- All registration and enrollment materials must be completed and submitted before a student can be enrolled.
  - Enrollment Form (this form; see below- also available digitally if preferred)
  - Registration Form (includes personal and medical information on your scholar)
  - Transportation Form (provides information on how your student will get home at 5PM)
- Email site coordinator Laura Greve ([Lgreve@cvsu.org](mailto:Lgreve@cvsu.org)) if you have any questions or if you would prefer digital links for registration.

**Program Selection for Session 4 (March 10- April 18) on reverse.**

**Programs for Session 4 (March 10-April 18)** **Please select one club for each day attending:**

<b>Mondays</b>	<input type="checkbox"/> Minecraft  <input type="checkbox"/> Round table (offered a second day now!!) including Eslestrals!  <input type="checkbox"/> Foundations for Heart and Sole team	<ul style="list-style-type: none"> <li>• Adventure and STEAM learning in a cubic world – full java edition – run by the very experienced and talented Josh. Not just gaming: Learn coding + more!!!</li> <li>• Another day of round table card club with our new teacher, Patrick DuBois! Enter the mythical worlds of Elestrals, Magic, Yu-Gi-Oh and Pokemon!</li> <li>• Join us for the middle high school continuance of Girls on the Run. Walk, run, socialize and empower- for females or identifying as female students. This year we will be introducing the idea of “Heart and Sole” to hopefully begin a full team next school year!</li> </ul>
<b>Tuesdays</b>	<input type="checkbox"/> Open Art Studio  <input type="checkbox"/> Dungeons and Dragons  <input type="checkbox"/> THEATER (with Ms LaDeau and Ms Salter)  <input type="checkbox"/> Gaming Unplugged	<ul style="list-style-type: none"> <li>• ALL are welcome! Arts and crafts with Ms. Michelle. All types of art forms included.</li> <li>• MUST BE 13+ to join DND club w/ Ms Frye!</li> <li>• Join us for the production creation of: <i>The Murderous Mansion of Mr Uno</i>. During this session we are in full rehearsal mode!</li> <li>• Cooperative and competitive board games with Josh.</li> </ul>
<b>Wednesdays</b>	<input type="checkbox"/> Cooking- Around the World  <input type="checkbox"/> German Language Learning  <input type="checkbox"/> ESports	<ul style="list-style-type: none"> <li>• Explore foods and create/cook recipes from around the world!</li> <li>• Join Ekaterina to learn some basics in the German language!</li> <li>• Esports with our tech teacher Brandon Houle! <b>Overwatch</b>- Must be in high school to join.</li> </ul>
<b>Thursdays</b>	<input type="checkbox"/> Round Table  <input type="checkbox"/> sledding and snow fun  <input type="checkbox"/> Movie Club  <input type="checkbox"/> THEATER (With Ms.Ladeau and Ms. Salter)	<ul style="list-style-type: none"> <li>• Join us for Magic The Gathering, Pokémon, and Yu-Gi-Oh card club with Mr. Beling and Mrs. Frye!</li> <li>• Explore the outdoors with Ms. Michelle. Sledding, snow fort building, and even some warm fires in our outdoor classroom.</li> <li>• Enjoy student chosen films together followed by discussion of meanings and messages with Josh. Permission Slips will be required for certain films!</li> <li>• Join us for the production of: <i>The Murderous Mansion of Mr Uno</i>. During this session we are in full rehearsal mode!</li> </ul>
<b>Fridays</b>	<input type="checkbox"/> Minecraft  <input type="checkbox"/> <b>STUDENT LEAD:</b> Freestyle Friday	<ul style="list-style-type: none"> <li>• Adventure and STEAM learning in a cubic world – full java edition – run by the very experienced and talented Josh. Not just gaming: Learn coding + more!!!</li> <li>• Student-choice Fridays (science, games, crafts, etc.) with structured activities planned and lead by students.</li> </ul>

**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.\**

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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 #: \_\_\_\_\_

☐ 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.