



# Welcome to ONWARD!



Echo Valley Elementary  
Session 5: April 28, 2025 - June 13, 2025

Hello, Echo Valley Community,

It's time to enroll for the next session of ONWARD Afterschool! Session 5 will start when we return from break on Monday, April 28th. To register and enroll your student(s), please review the checklist below and complete the necessary pages from this packet.

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 ONWARD community! If you have any questions, comments, concerns, or just want to chat about our program, please feel free to reach out to me!

Sincerely,

Tyler K. Beede  
Administrative Site Coordinator  
802-433-3964  
[TBeede@cvsu.org](mailto: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)
- ☐ Family Contribution Form  
(Completed once per school year)
- ☐ 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

## **REMINDERS**

### **SUMMER ONWARD**

ONWARD SUMMER PROGRAM- WITH THE END OF THE SCHOOL YEAR IN SIGHT, WE ARE LOOKING FORWARD TO 5 WEEKS OF FUN WITH THE ONWARD SUMMER PROGRAM! BE ON THE LOOKOUT FOR ADDITIONAL DETAILS AND REGISTRATION INFORMATION IN THE COMING WEEKS, OR REACH OUT TO TYLER WITH ANY QUESTIONS!

## **IMPORTANT DATES**

SESSION 5 STARTS: APRIL 28TH  
SESSION 5 ENDS: JUNE 13TH

EARLY RELEASE DATES  
**MAY 14TH**

**NO ONWARD**  
**APRIL 21ST - APRIL 25TH- SCHOOL VACATION**  
**MAY 26TH- MEMORIAL DAY**  
**JUNE 16TH - JUNE 17TH- LAST DAYS OF SCHOOL!**

POINT YOUR  
PHONE'S CAMERA  
AT THE QR CODE  
TO VISIT OUR  
ONLINE  
ENROLLMENT  
FORM!



# ONWARD Afterschool Enrollment

Session 5: April 28, 2025 - June 13, 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

☐ Mindful Monday

☐ Lego Mania!

☐ Tuesday

☐ INward

☐ OUTward

☐ Wednesday

☐ INward

☐ OUTward

☐ Thursday

☐ INward

☐ OUTward

☐ Friday

Vamos! Spanish in the Spring!

☐ and  
Fun Friday!

## Activity Descriptions

### Mindful Monday

Starting the week with some mindfulness is our favorite way to set a positive tone for the days ahead. Join us in the ONWARD room as we learn about mindfulness, create fidgets, and more!

### Lego Mania!

The school year may nearly be over, but we aren't quite done with the LEGO bin yet! In this open-ended building activity, students will be challenged to get creative as they work together in small groups to complete simple building tasks using LEGO bricks!

### INward and OUTward

It's finally spring in Vermont (even if it doesn't quite feel like it, yet), and, for some, that means getting back out to the garden, searching the woods for spring forage, and lots of fresh air! If this sounds like you, then OUTward is the place to be!

But, then again... it is spring in Vermont, which means lots of mud, cold weather, and rain. If you're not really feeling the "great" outdoors, then INward is the place for you! Students will spend their afternoons on crafts, games, and indoor activities in the warm, dry, mostly mud-free ONWARD room.

**PLEASE NOTE:** INward and OUTward may be combined on days when inclement weather or staffing shortages could make outdoor adventures unsafe for our students. Similarly, these groups may be combined for outdoor activities on occasion.

### Vamos! Spanish in the Spring!

Come dance, sing, and play and learn some Spanish along the way! On Fridays this session, we'll get goofy and creative with our minds and bodies, and stretch our tongues around new words and sounds. Ever wanted to out-wit your grown-ups or friends with a secret message in a different language? Or to know how to say all the colors of the rainbow another way? Vamos! Let's go!

### Fun Friday!

Fridays are still all about FUN this session, but with a twist! This session, Fridays will be split between Vamos! Spanish in the Spring! and Fun Friday. Students attending on Fridays will start their afternoon with this fun new opportunity, then be given the choice to opt-out for the second half of the afternoon and choose their own adventure, or continue to practice their Español skills!



**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.\***

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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 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 (elementary only): \_\_\_\_\_

### 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.**



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.

<b>CVSU Afterschool Program Fees</b>	<input type="checkbox"/> <b>Tier 1</b> Household income is > \$150,000	<input type="checkbox"/> <b>Tier 2</b> Household income is < \$150,000 and students are <u>not</u> eligible for F/R lunch	<input type="checkbox"/> <b>Tier 3</b> Students are eligible for F/R lunch
<b>Daily Rate</b>	<b>\$10.00 per child per day</b>	<b>\$5.00 per child per day</b>	<b>\$2.00 per child per day</b>

**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**



**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.