

SUMMER ONWARD

July 7th - August 8th

MONDAY - FRIDAY 8:30 - 3:00+

**Early Care, Morning Only, Full Day, and
After Care options available**

**OPEN TO STUDENTS
ENTERING 1st - 5th GRADE**



To enroll, please use the Google Form by scanning the QR Code or return the paper form to the front office. Space is limited and the program is filled on a first-come, first-served basis.





July 7th - July 11th

Surf and Sand Explorers



July 14th - July 18th

Art Explorers



July 21st - July 25th

Farm and Garden Explorers



July 28th - August 1st

Outdoor Explorers



August 4th - August 8th

Science Explorers

Please check for each week your student will attend!



Surf and Sand Explorers

July 7th - July 11th

☐

Full Day

8:30 - 3:00

☐

Morning **Only**

8:30 - 12:00

☐

Early Care

8:00- 8:30

☐

Aftercare

3:00 - 5:00



Art Explorers

July 14th - July 18th

☐

Full Day

8:30 - 3:00

☐

Morning **Only**

8:30 - 12:00

☐

Early Care

8:00- 8:30

☐

Aftercare

3:00 - 5:00



Farm and Garden Explorers

July 21st - July 25th

☐

Full Day

8:30 - 3:00

☐

Morning **Only**

8:30 - 12:00

☐

Early Care

8:00- 8:30

☐

Aftercare

3:00 - 5:00



Outdoor Explorers

July 28th - August 1st

☐

Full Day

8:30 - 3:00

☐

Morning **Only**

8:30 - 12:00

☐

Early Care

8:00- 8:30

☐

Aftercare

3:00 - 5:00



Science Explorers

August 4th - August 8th

☐

Full Day

8:30 - 3:00

☐

Morning **Only**

8:30 - 12:00

☐

Early Care

8:00- 8:30

☐

Aftercare

3:00 - 5:00



Dear WES and Washington Families,

Summertime is almost upon us with its warm, sunny days, splashing fun, fishing, hiking, and much more. We are excited to invite your student for another summer jam-packed with excitement, learning, and adventure.

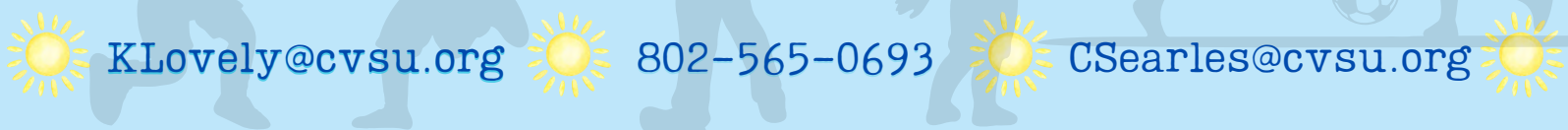
At Onward, we are putting together a summer of immersive hands-on exploration, where fun intertwines with the reinforcement of math and literacy skills. Each week will feature a theme and an exciting opportunity for students to discover and explore activities based on that theme, including some off-campus adventures! Students will spend their mornings in groups based on their grade, diving into learning, and then break into adventure groups in the afternoon based on their interests. Students will choose a weekly adventure group on Mondays!

As always, we have a group of dedicated educators and staff who are planning amazing activities while awaiting the arrival of your students. Our goal is for students to be engaged, excited, actively learning, and energized! We strive to offer fun-filled summer camp days.

We cannot wait for Summer Onward to start and the fun adventures we will have! If you have any questions, please don't hesitate to reach out.

Sincerely,

The WES Onward Team



Frequently Asked Questions About Summer Onward:

Who can attend Summer Onward?

Students entering 1st - 5th grade in the following school year are eligible. We are unable to accept preschoolers or students entering kindergarten. 6th graders may enroll at WMHS Blue Devils (our middle school program)!

What is the cost of Summer Onward?

Our program operates on a pay-what-you-can model. No child will be turned away due to inability to pay.

Suggested weekly contributions (for full-day attendance with early and aftercare included) are based on a self-selected tier and are shown below:

☀ Tier 3: \$55/week

☀ Tier 2: \$125/week

☀ Tier 1: \$225/week

What are the program hours?

Regular program hours: 8:30 AM - 3:00 PM (Monday-Friday)

Optional early care: 8:00 AM - 8:30 AM

Optional after care: 3:00 PM - 5:00 PM

Are meals provided?

Yes! The Abbey Group provides both breakfast and lunch to all students, free of charge. You may, however, bring your own food as well!

What SHOULD my student bring with them EVERY DAY?

A water bottle, sneakers (wear the flip flops, but always have sneakers or crocs to go for a hike), sunscreen, a towel, swimwear, and a change of clothes. **Please leave toys and electronics at home!**

What does a typical day look like?

Mornings: Academic enrichment activities designed to prevent summer learning loss. These activities are hands-on and often take students beyond the classroom setting.

Lunch/Free Play Time/Water Activity

Afternoons: Mixed-grade groups engage in activities that students select at the beginning of each week. Each week options will change, some examples of past activities: cooking, fishing, archery, field games, hiking, painting, and arts and crafts.

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 the 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 to 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 (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 to 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
Family Contribution Form
Summer 2025**

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. Use this form to determine our suggested per-child weekly contribution for our summer program. 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 Summer Program Weekly Fees SUMMER 2025			
Please check the Tier appropriate to your family's situation.	<input type="checkbox"/> Tier 1 Household income > \$150,000	<input type="checkbox"/> Tier 2 Household income < \$150,000 and child(ren) are <u>not</u> eligible for free or reduced school meals	<input type="checkbox"/> Tier 3 Household income < \$150,000 and child(ren) <u>are</u> eligible for free or reduced school meals
Early Care 8:00-8:30am	\$15	\$10	\$5
Morning Only 8:30-12:30	\$110	\$65	\$25
Afternoon Only 12:30-3:00	\$70	\$40	\$15
Full Day 8:30-3:00	\$160	\$85	\$30
After Care 3:00-5:00	\$50	\$30	\$20
Weekly total for Early Care, Full Day, and After Care	\$225	\$125	\$55

Please check one option below:

- ☐ I will pay the suggested contribution.
- ☐ I am unable to pay the suggested contribution, but will contribute \$_____.
- ☐ 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 will hand-deliver or mail a statement to you during the summer 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
Summer 2025**

Echo Valley/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.

a.m.	Echo Valley & Williamstown Summer Route	p.m.	
7:20	East Orange Church	4:10	<input type="checkbox"/>
7:35	Orange Center School	3:55	<input type="checkbox"/>
7:40	Spencer Road/Tucker Road Intersection	3:50	<input type="checkbox"/>
7:52	Morrie Road/Woodchuck Hollow Road Intersection	3:38	<input type="checkbox"/>
8:00	Washington Village School	3:30	<input type="checkbox"/>
8:08	Lambert Road/McCarthy Road Intersection	3:22	<input type="checkbox"/>
8:12	Cogswell Road/Robar Road Intersection	3:18	<input type="checkbox"/>
8:15	Railroad Street	3:15	<input type="checkbox"/>
8:18	Williamstown Post Office/Route 14 Intersection	3:12	<input type="checkbox"/>
8:21	Limehurst Mailboxes	3:09	<input type="checkbox"/>
8:23	Chelsea Road/Route 14 Intersection	3:07	<input type="checkbox"/>
8:25	Industrial Park	3:05	<input type="checkbox"/>
8:30	Williamstown Elementary School	3:00	<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 bus, I acknowledge that I have read and I understand CVSU Afterschool's Bus Drivers' Protocol for Student Drop-Off on the reverse of this form. If my child is entering grades 1-5 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 entering grades 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 Summer Programs

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.
- CVSU summer program coordinators 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 summer program coordinators 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 requires that parents/guardians submit changes to a student's transportation plan to the summer program 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 pick-up person and/or 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 summer program coordinator or their designee.