

## Waits River Valley School 2026 Summer Camp

Waits River Valley School is excited to announce that we will have a **2026 Summer Camp Program!**

The details are as follows:

- Camp will run Monday, July 6th - Friday, August 7th
- Times: Monday-Friday - 7:30 AM - 4:30 PM
- Program Details: OUTDOOR, weekly theme-based program, with an integration of math and literacy that is project based
- Where: Waits River Valley School - staffed by WRVS staff
- Age: Current Prek4 years old (by August 31st) through 8th grade (current WRVS Scholars)
- Meals: Breakfast, Lunch, Dinner & Snack provided
- **Cost: \$10 per day, per scholar**
- Subsidy accepted - The Vermont State Child Development Division has launched a **financial eligibility screener**. If you'd like to see if you qualify for assistance for the **After School Program and/or WRVS Summer Camp**, please use this link to access the screener which is for informational purposes only: [Child Care Financial Assistance Program Eligibility Screener](https://cddfammy.my.vermont.gov/s/eligibility-screener) (<https://cddfammy.my.vermont.gov/s/eligibility-screener>) **Paper applications can also be picked up in the front office.** The subsidy application must be sent to the Family Place.
- Transportation will not be provided
- SPACES ARE LIMITED
- There will be a parent meeting in June, with a zoom option, for all camp participant families

If you are interested in your scholar(s) attending WRVS Summer Camp, please fill out the application and return by Monday, April 6th. As always, please contact us with any questions: 802-439-5534.

# Waits River Valley School 2026 Summer Camp Admission Form

*Parents/Guardians: This information is required prior to enrollment of your child. Please assist the staff at Waits River Valley School by completing this form accurately.*

First day child will attend: \_\_\_\_\_ Last day child will attend: \_\_\_\_\_

List the days and hours the child will be attending: \_\_\_\_\_

## **CHILD INFORMATION**

### **Child #1**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Child #2**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Child #3**

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **PARENT INFORMATION**

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Parent/Guardian Address (if different): \_\_\_\_\_

Work Site Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Other Contact Phone: \_\_\_\_\_

**EMERGENCY CONTACTS**

If neither parent can be reached in case of an emergency, call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**AUTHORIZED PICK-UP**

List all individuals who are authorized to pick-up your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL CONTACTS**

Name of Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**ADDITIONAL INFORMATION ABOUT YOUR CHILD**

Please describe any additional information you would like us to know about your child. This could include special medical, developmental, emotional or education needs, allergies, existing illnesses or injuries, previous serious illnesses or injuries and any prescribed medication including those for emergency situations.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I acknowledge that I will pay in advance at the beginning of each week, \$10 per child, per day.

\_\_\_\_\_  
Parent/Guardian Signature

**Waits River Valley School**  
**2026 Summer Camp Program**  
**7:30-4:30 PM**

Please put an "X" in each day that your child will attend the summer camp program, as this will help us plan for staffing.

**July 2026**

Sun.	Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

**August 2026**

Sun.	Monday	Tuesday	Wednesday	Thursday	Friday	Sat.
						1
2	3	4	5	6	7	8

**WRVS Summer Camp Themes**

- Week 1: All Star Athletes**
- Week 2: Bug Bonanza**
- Week 3: Camp Classics**
- Week 4: Island Adventure**
- Week 5: Jammin' Together**