



# SUMMER BRIDGES

**JULY 6TH TO AUGUST 7TH**

**Monday through Friday 8:30am to 3:00pm**

**Morning only, Full Day, and After Care options**

**Open to Northfield Elementary School students entering  
1st through 5th grade**

**For more information about Summer Bridges, contact  
David Munson, Program Coordinator  
dmunson@cvsu.org  
(802) 455-8810**

**To enroll, please use the Google Form by scanning the QR Code below.  
Space is limited and the program is filled on a first-come, first-served basis.**



## Here are answers to some frequently asked questions about the Summer Bridges program:



### Who can attend Summer Bridges?

Students entering 1st through 5th grade in the following school year are eligible.

We are unable to accept preschoolers or students entering kindergarten. Rising 6th graders must complete enrollment through the NMHS Bridges program, which will open at a later date.

### What are the program dates?

For Summer 2026, the program will run weekdays from **July 6 – August 7** (5 weeks).

### When does enrollment open?

Enrollment for Summer 2026 is now open and will remain open until all spots are filled (typically by late April).

### 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! Genuine Foods provides both **breakfast and lunch** to all students, **free of charge**.

### How much does the program cost?

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 does a typical day look like?

- **Mornings:** Enrichment activities designed to prevent summer learning loss, led by experienced educators. These activities are hands-on and take students beyond the classroom setting.
- **Afternoons:** Mixed-grade groups engage in traditional camp activities that students select at the beginning of each week. Options include cooking, outdoor exploration, field games, arts and crafts, special events and more.
- **Weekly trips:** Students visit the town pool or another local river/lake (w/ lifeguards) once or twice a week.
- **Academic Intervention:** If your child is recommended for summer academic intervention (around May), we will coordinate with the intervention team to ensure they receive that service while attending Bridges.

# CVSU Afterschool

Northfield Orange Washington Williamstown

**2026-2027  
Registration Form**

**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 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?  YES  NO
- Does your child have an illness, allergy, health problem, or disability?  YES  NO
- Does your child have an IEP?  YES  NO
- Does your child have a 504 Plan?  YES  NO
- Does your child wear glasses or contact lenses?  YES  NO
- Does your child have social, emotional, or behavioral challenges?  YES  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 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?  YES  NO
- Does your child have an illness, allergy, health problem, or disability?  YES  NO
- Does your child have an IEP or 504 Plan?  YES  NO
- Does your child wear glasses or contact lenses?  YES  NO
- Does your child have social, emotional, or behavioral challenges?  YES  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 2026**

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 the afterschool director at 802-433-7060.

<b>CVSU Afterschool Summer Program Weekly Fees SUMMER 2026</b>			
Please check the Tier appropriate to your family’s situation.	<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 child(ren) are <u>not</u> eligible for free or reduced school meals	<input type="checkbox"/> <b>Tier 3</b> Household income is < \$150,000 and child(ren) <u>are</u> eligible for free or reduced school meals
<b>Early Care</b> 8:00-8:30am	\$15	\$10	\$5
<b>Morning Only</b> 8:30-12:30	\$110	\$65	\$25
<b>Afternoon Only</b> 12:30-3:00	\$70	\$40	\$15
<b>Full Day</b> 8:30-3:00	\$160	\$85	\$30
<b>After Care</b> 3:00-5:00	\$50	\$30	\$20
<b>Weekly total for Early Care, Full Day, and After Care</b>	\$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 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 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 2026**

**Northfield**

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.*

<b>a.m.</b>	<b>Bus Stop Location</b>	<b>p.m.</b>	
7:45	Old Mill Hill	3:45	<input type="checkbox"/>
7:50	South Village Mobile	3:40	<input type="checkbox"/>
8:08	Fairground Road/12A	3:22	<input type="checkbox"/>
8:10	76 Route 12A	3:20	<input type="checkbox"/>
8:15	Dogwood Glen	3:15	<input type="checkbox"/>
8:17	Falls Trailer Park	3:13	<input type="checkbox"/>
8:18	Gould & Route 12	3:12	<input type="checkbox"/>
8:19	Kirkpatrick Ln	3:11	<input type="checkbox"/>
8:25	West Hill/Union Brook	3:05	<input type="checkbox"/>
8:30	NES/NMHS	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.