NMHS SUMMER BRIDGES

GRADES 6-12

JULY 6TH- AUGUST 7TH

SUMMER SCHEDULE

8:30-9:00- BREAKFAST/DROP OFF
9:00-11:45- MORNING ACTIVITY
11:45-12:30- LUNCH/RECESS/HALF DAY PICKUP
12:30-3:00- AFTERNOON ACTIVITY
3:00-3:15- DISMISSAL

Summer is back, YAY!

If you are new to Summer Bridges at NMHS, welcome! If you are a Summer Bridges pro, it's nice to see you again.

We have some fun and exciting things planned for this summer, but before you sign up, there's a few things to know. After scanning the QR code, you will find the registration form for the new school year. This MUST be filled out in order to attend. Included on that form is the enrollment form for selecting activities, dismissal transportation form, and a permission slip for off-site field trips.

Pool day will be on Wednesday! Please make sure your student comes with a bathing suit and towel. As always, students should have a water bottle everyday.

Any questions or concerns,
email me at Lbabcock@cvsu.org

LINK TO ENROLL

NAME:_____ GRADE LEVEL ____

WEEK ONE

Morning Activities

- [ ] Team Building
- [ ] Mural Madness

Afternoon Activities

- [ ] Team Olympics
- [ ] Camp Bridges

WEEK TWO

Morning Activities

- [ ] Creative Arts
- [ ] Gym Games

Afternoon Activities

- [ ] Creative Arts
- [ ] Chopped

WEEK THREE

Morning Activities

- [ ] Jobs for a Day
- [ ] Nature Nonsense
- [ ] Lets Play a Sport

Afternoon Activities

- [ ] Outdoor Activities
- [ ] Mindful Movement

WEEK FOUR

Morning Activities

- [ ] STEM & Discovery
- [ ] Game on

Afternoon Activities

- [ ] STEM & Discovery
- [ ] Homestead
- [ ] Craft it Up

WEEK FIVE

Morning Activities

- [ ] Jobs For a Day
- [ ] Let's Talk About It
- [ ] Outdoor Activities

Afternoon Activities

- [ ] Mini Life
- [ ] Water Fun

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 m 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 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.

a.m.	Bus Stop Location	p.m.	
7:45	Old Mill Hill	3:45	☐
7:50	South Village Mobile	3:40	☐
8:08	Fairground Road/12A	3:22	☐
8:10	76 Route 12A	3:20	☐
8:15	Dogwood Glen	3:15	☐
8:17	Falls Trailer Park	3:13	☐
8:18	Gould & Route 12	3:12	☐
8:19	Kirkpatrick Ln	3:11	☐
8:25	West Hill/Union Brook	3:05	☐
8:30	NES/NMHS	3:00	☐

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.