# Williamstown Blue Devils and Echo Valley Wolves Summer Camp 2026

**Monday, July 6, 2026 - Friday, August 7, 2026**

Hello CVSU Families,

Summer is rapidly approaching, and you know what that means! It's time to register your student(s) for our annual summer camp! To enroll your student(s), **please complete and return the attached enrollment and registration packet by Friday, June 12th**. When choosing activities, please keep in mind that all activities will be filled on a first-come, first-served basis, but we will do our best to accommodate everyone whenever possible. **Both the registration and enrollment forms need to be completed in full for your child to attend.**

**This summer, camp will run from 9:00AM to 3:00PM, Monday through Friday, from Monday, July 6th, through Friday, August 7th.** Below, you can find an outline of our daily schedule. Our daily schedule may vary depending on factors such as weather and available space. Please remember to send your child with appropriate outdoor attire, as we will spend at least part of each day outdoors whenever possible. We strongly encourage everyone to bring a water bottle, comfortable walking shoes, and a sweatshirt/jacket when applicable, regardless of which activities they have signed up for.

If you have any questions about this year's summer camp, please let us know!

Best,

Michelle Larkham
Administrative Site Coordinator
ONWARD Summer Camp
Mlarkham@cvsu.org
(802) 324-9078

**Link to enroll online**

## Williamstown Blue Devils and Echo Valley Wolves Summer Camp 2026

### WMHS Summer 2026 Enrollment Form

Student Name _____

Grade (2026 - 2027 school year) _____

School: WMHS EVM (OCS)

Parent/Guardian Name:

_____

Parent/Guardian Phone:

_____

Parent /Guardian Email :

_____

**For Williamstown and Echo Valley students entering 6th through 12th grades.**

## Daily Schedule

- **8:30-9:00:** Drop Off/Breakfast
- **9:00-11:45:** Morning Activities
- **11:45-12:30:** Lunch/Free Time
- **12:30-2:30:** Afternoon Activities
- **2:30-3:00:** Closing Activity
- **3:00-3:15:** Dismissal

**Please check the box next to the activity your child(ren) would prefer to participate in for each week they plan to attend. If no selection is made for a week, your student will not be enrolled for that week. Please pick an AM and PM activity.**

**When enrolling your child(ren), please keep in mind that each day's actual schedule and activities may deviate some from what you see here, and part of every day will be spent on teambuilding and large-group activities. While we will do our best to accommodate everyone's first choice of activity, spots will be filled on a first-come, first-served basis.**

## Week 1

☐ **(AM) Gymnastics-** Love to tumble and roll? Join us for our gymnastics week! Every morning the students will learn new skills, and create a fun routine for the weeks end.

☐ **(AM) Art Project-** Diamond art, nature art, make your own board games. The skies the limit in this creative activity, join us to explore your creative side.

☐ **(PM) Photography-** Join Mary, A professional photographer as she teaches students beginner photography skills.

☐ **(PM) Nature exploration-** Tracking animals, navigation, tree and animal identification. This activity will get us outside and moving. We will learn about

## Week 2

☐ **(AM) Water works-** Nothing feels better on a hot summer day than slip and sliding ! Join us for a fun filled week with fun water activities each day.

☐ **(AM) Video Gaming-** Join us each day for fun bracket challenges.

☐ **(PM) Cooking Club-** Do you love to cook? Or are you interested in learning new skills in the kitchen? Join Natashia for this fun and creative afternoon activity.

☐ **(PM) Olympics-** Do you love competition? Join us for WMHS camp olympics! Tug-o-war, manhunt, frisbee golf? Test your skills and help your team win!

## Week 3

☐ **(AM) Art Collage Project-** Join our talented artist Nakyah, as she teaches the kids drawing skills, They will create a fun self portrait all week, In a fun new creative way.

☐ **(AM) Engineering Week 1-** Tallest tower, strongest bridge? In this fun activity that will last two weeks, the students will get to create structures and test their strength against challenges.

☐ **(PM) Board Games-** Do you love to play board games? Join Mary each afternoon, for different Board and card games.

☐ **(PM) Team Games-** Basketball, Soccer, Ultimate frisbee… Join Ethyn every afternoon for a little fun competition.

## Week 4

☐ **(AM) Team Games-** Basketball, Battleship, Freeze tag…Join Nakyah each day for some fun competition

☐ **(AM) Engineering Week 2-** Join Ethyn again this week to keep learning and testing your engineering skills!

☐ **(PM) Walking Club-** Nothing helps reset like a walk in nature everyday. Birds chirping, the smell of summer flowers in the air. Join us every afternoon for our nature walk.

☐ **(PM) Water Works**- Sprinklers, water balloon fights, and a super fun slip and slide! No better way to cool off, than with fun water activities daily.

## Week 5

☐ **(AM) Tribes Week-** A week of contests, challenges, and outdoor escapades awaits! Back by popular demand, Tribes Week is all about testing your outdoor skills and wit as you and your tribe participate in daily challenges to earn points, gain resources, and see if you have what it takes to be the last Tribe standing on Friday!

☐ **(AM) Water Works-** Join us for fun water activities all week, to end our Summer camp season. Water balloons, trash bagging, slip and sliding… you name it! Don't forget your swim suit and a towel daily.

☐ **(PM) Snack Making club-** Join Natashia for some delicious, homemade snackin'! Hand cut and fried potato chips and homemade dip, Mozzarella sticks and sauce… go wild with your snackin' creativity.

☐ **(PM) Water Works-** Beat the heat with fun water activities we will have planned. There is no better way to end camp, then with a splash!

# 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**

# 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. | Bus Stop Location | p.m. | |
|---|---|---|---|
| 7:20 | East Orange Church | 4:10 | ☐ |
| 7:35 | Orange Center School | 3:55 | ☐ |
| 7:40 | Spencer Rd./Tucker Rd. Intersection | 3:50 | ☐ |
| 7:52 | Morrie Rd./Woodchuck Hollow Rd. Intersection | 3:38 | ☐ |
| 8:00 | Washington Village School | 3:30 | ☐ |
| 8:08 | Lambert Rd./McCarthy Rd. Intersection | 3:22 | ☐ |
| 8:12 | Cogswell Rd./Robar Rd. Intersection | 3:18 | ☐ |
| 8:15 | Railroad Street | 3:15 | ☐ |
| 8:18 | Route 14 @ Williamstown Post Office | 3:12 | ☐ |
| 8:21 | Limehurst Mailboxes | 3:09 | ☐ |
| 8:23 | Chelsea Rd./Route 14 Intersection | 3:07 | ☐ |
| 8:25 | Industrial Park | 3:05 | ☐ |
| 8:30 | Williamstown Elementary School | 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 (printed): _____

**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.