



Afterschool Program

32 Malletts Bay Ave · 655-1392 x 12 (office) · 316-1552 (mobile) · outofschool@onioncity.com

CHILD INFORMATION

Name _____ Date of Birth _____

Gender _____ Grade _____ Days of care needed: Mon Tues Wed Thurs Fri

Please list any medical conditions, physical limitations or other restrictions of the participant:

My Child's Primary Care Physician: Winooski Family Health or _____

My Child's Dental Care Provider: Vermont Dental or _____

PARENT/GUARDIAN INFORMATION

Name _____

Address _____

City _____ State _____ Zip _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACTS (other than parents):

1. Name _____ Phone _____

2. Name _____ Phone _____

WAIVER & RELEASES (please initial each item and sign):

I am fully aware of the risk inherent and hereby give my consent for the name(s) listed above to participate in the program(s) indicated. I agree to hold harmless the City of Winooski and its employees, elected officials or any paid or volunteer staff from any and all liability from any injury, claims, costs, or loss of service which might be incurred by participation in said programs, activities, or events. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant(s) to receive emergency treatment, if needed, and I authorize the attending physician to administer any necessary medical attention. I also give permission to the City of Winooski to use photos taken of my child and transport my child as needed. Furthermore, I certify that there are no limitations for the participant(s) except as stated above. I have read this document carefully and sign it voluntarily with full knowledge of its significance.

Parent/Guardian Signature _____ Date _____

CHILD PICK UP PERMISSION (individuals who have permission to pick up your child)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

My child has my permission to walk home when the program closes. Yes No

Parent/Guardian Signature _____ Date _____

FEES:

- The fee for the program is **\$60/wk or \$15/day**.
- Bills are given out the last day of a child’s attendance for the week. Payment is due the last day of a child’s attendance the following week.
- **Some families may qualify for state subsidy.** The program is listed as “THRIVE After School Program.” Our Provider ID is 140423.
- Subsidy is an easy application process, which can be completed online at: **www.brightfutures.dcf.state.vt.us** or using a paper application. Paper forms and computers are available onsite for your use. Simply schedule an appointment with a program supervisor to sit down and complete the application.

*This form along with your child’s **immunization records** should be returned to the Department of Recreation and Community Wellness offices located in the O’Brien Community Center at 32 Malletts Bay Ave, Winooski, VT 05404. Following its receipt, you will be contacted by a program supervisor to arrange an orientation visit.*