



After School and Summer Program

316-1552 (mobile) · 233-8188 (Director) · thrive@winooskivt.org

CHILD INFORMATION

Name _____ Date of Birth _____

Gender _____ Teacher _____ Grade _____

Primary Language (optional) _____

Medical conditions, physical limitations or other restrictions, including any info that may be found in an IEP:

Dietary Restrictions or Allergies: _____

My Child's Primary Care Physician: _____ Phone: _____

My Child's Dental Care Provider: _____ Phone: _____

PARENT/GUARDIAN INFORMATION

Name(s) _____ Relationship to Child: _____

Address _____

City _____ State _____ Zip _____ Email _____

Day Phone: _____ Day Phone 2: _____ Eve. Phone _____

Primary Language (Optional): _____

EMERGENCY CONTACTS (CANNOT be parent/guardian, must provide 2):

1. Name _____ Phone _____

Address _____

2. Name _____ Phone _____

Address _____

CHILD PICK-UP PERMISSION (individuals who may pick up your child, besides parent/guardian)

1. Name _____ Phone _____

2. Name _____ Phone _____

3. Name _____ Phone _____

WAIVER & RELEASES:

I am fully aware of the risks inherent and hereby give my consent for my child, named above, to participate in Thrive After School. I agree to hold harmless the City of Winooski and its employees, elected officials, and any paid or volunteer staff from any and all liability for any injuries, claims, costs, or losses of service which might be incurred by participation in activities or events of said program. I understand that medical insurance coverage is not provided. Permission is hereby granted for the participant 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 take, publish, and otherwise use photos taken of my child and to transport my child in vehicles as needed.

I certify that there are no physical, medical, or other limitations for this participant, except as stated above. I have read this document carefully and sign it voluntarily, with full knowledge and understanding of its significance.

Parent/Guardian Signature _____ Date _____

Are you interested in applying for financial assistance to cover the cost of Thrive? (optional)

Yes No

*Please return this form to Julie Garwood, Program Director, at Winooski City Hall or by email at thrive@winooskivt.org. Please include a copy of their child's **immunization records** along with their application.*

For questions, or more information, please contact Julie Garwood, Thrive Program Director:
802-233-8188

thrive@winooskivt.org

Register online at: www.winooskirec.com



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General Permissions

Permission	Yes/No	Additional Notes?
My Child has permission to walk home without an authorized adult.		Time: Call home first: Yes or No
My Child has permission to participate in walking field trips, both on and off the School grounds.		
My child has permission to participate in field trips outside of the School requiring transportation by vehicle (including school busses, City-owned vehicles, public transit, and staff cars).		
Program has permission to take and use photographs or videos that may be used for newsletters, family communication, or program promotion.		
My child has permission to watch PG rated movies.		
My child has permission to participate in swimming, wading, or other water activities.		
Staff have permission to administer over-the-counter medications such as pain reliever, cough medication, or others.		
I authorize the Program to obtain my child's Immunization Records via the Vermont Immunization Registry.		

Parent/Guardian Signature _____ Date _____

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2018-2019
After School

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After School 2018-2019 Schedule Options:

Full Week, Monday-Friday
\$70 per week per child

By-Day Enrollment (please circle the days you would like to attend): M T W Th F
\$16 per day per child.

Payment Agreement

My weekly payment will be _____.

Parent/Guardian Signature _____ Date _____

*By signing this form, you agree to the weekly fee for the program and our policies regarding payment, payment plans, and conditions on continued enrollment. To change your enrollment or reflect changes to financial status including changes to child care subsidy, please contact the Program Director immediately.

Registration notes and Payment information:

- Please complete one enrollment form per child in your family.
- Payments must stay current within 4 weeks. Families that are more than 4 weeks behind in payment may be asked to disenroll or accept conditional payment plans.
- Families with outstanding balances from previous Thrive programs will not be eligible to enroll unless there are regular payments being made on a payment plan.
- Payments can be made in cash or check to City Hall: 27 West Allen St, Winooski, VT 05404 or online at www.winooskirec.com
- Enrollment Forms may be returned electronically to thrive@winooskivt.org or by hard copy at Winooski City Hall.

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