



32 Mallets Bay Ave · 655-1392 x 21 · thrive@onioncity.com

QUESTIONS?

Open House
The O'Brien Center
Tues, April 13
5:30pm-6:30pm

5-8 GRADE PROGRAM REGISTRATION FORM

CHILD INFORMATION

Name _____ Date of Birth _____

Grade Completed (must be 15 yrs or younger): 5 6 7 8 School _____

Please list any medical conditions, physical limitations, allergies, or other restrictions:

To help us support your child more fully, please let us know if he/she might be experiencing:

A recent move	Yes	No
A change in caregiver	Yes	No
A family illness	Yes	No

Other: _____

PARENT/GUARDIAN INFORMATION

Name _____

Address _____ City _____

Zip _____ Email _____

Day Phone _____ Evening Phone _____

EMERGENCY CONTACTS (other than parents):

1. Name _____ Relationship _____ Phone _____

2. Name _____ Relationship _____ Phone _____

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 _____

* If a parent or guardian is restricted from picking up his/her child, the child's legal guardian must supply an official document detailing this restriction to the program.

WAIVER & RELEASES

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 _____

SESSION SIGN-UP (check 1 or more)

June 28-July 9 July 12-July 23 July 26-Aug 6 Aug 9-Aug 20

FEES

The fee for 5-8 Program is **\$250/session**. This fee is higher than that for the K-4 Program, because, the 5-8 Program is a licensed provider that is able to accept **Child Care Subsidy for payment**. 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 at the O'Brien Community Center for your use. The program is listed as **"THRIVE After School Program."** The **Provider ID is 140423**.

- Our family has or will apply for Child Care Subsidy in order to cover program fees.
- Our family would like technical assistance applying for Child Care Subsidy.
- Our family will not qualify for subsidy because our child is 13 yrs or older or has one or more stay-at-home parents. Therefore, we would like to apply for a full or partial scholarship.
- Our family will pay for the program without Child Care Subsidy Assistance.

*This form and your child's **immunization records** are due by **April 30, 2010** to:
THRIVE Summer Program, 32 Mallets Bay Ave, Winooski, VT 05404.
Following their receipt, you will be mailed a program packet confirming your registration.
Fees for the 5-8 Grade Program are paid weekly once the program begins June 28.*