



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

QUESTIONS?

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

GRADE K-4 PROGRAM REGISTRATION FORM

CHILD INFORMATION

Name _____ Date of Birth _____

Grade Completed: K 1 2 3 4 School _____ Shirt Size: S M L XL

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

Session/Theme	Non-Winooski	Winooski	Winooski	Winooski
	Resident Rate	Resident Rate	Reduced Lunch Student Rate	Free Lunch Student Rate
Enchanted Earth: June 28-July 9	\$125 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Myths & Monsters: July 12-July 23	\$125 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Bodies in Motion: July 26-Aug 6	\$125 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Globetrotters: Aug 9-Aug 20	\$125 <input type="checkbox"/>	\$65 <input type="checkbox"/>	\$40 <input type="checkbox"/>	\$25 <input type="checkbox"/>

Sibling Discount (if you register more than 1 child for all 4 sessions, you may subtract \$25 per additional child eg. the total fee for all 4 sessions for 2 siblings who are free lunch eligible would be \$175)

*This form and fees (checks payable to City of Winooski) 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.

*A limited amount of scholarship money is available. If you would like to set-up a **payment plan**, please submit a suggested payment schedule and a minimum of 25% of your total fees due with this form.*