



One Planet Afterschool Program

Bethel, Chelsea, Newton, Sharon, Stockbridge,
Rochester, Royalton, Tunbridge

Dear Families,

August 22, 2016

We hope you enjoyed a fun and relaxing summer and are ready for a new school year. Afterschool programming for K-6th graders will begin the first day of school and run throughout the year. Please note that we will start the year off with what One Planet calls the “Gap Program”. The Gap Program includes snack, outdoor time, free choice and homework help, but it does not include the special enrichment activities. One Planet’s Session I with enrichments begins September 19th. **Session I special activity schedule, activity descriptions and Session I enrollment form will be sent home by September 9th...they are not included in this packet.**

At this point in time, we have not yet hired a Site Coordinator for Sharon. We are advertising the position as thoroughly as we can and are trying to be patient so we can find an excellent match. In the meantime, our returning staff (Paul, Amber, Donna, Emma) will help to get the program up and running.

FINANCIAL ASSISTANCE: We want ALL families who are interested in using One Planet to be able to use this valuable resource. Please know that if the daily fee is too expensive, there are options available. Families who qualify for free/reduced lunch can apply for Child Care Financial Assistance through the Vermont Department of Children and Families. If families do not qualify for financial assistance through the state, they can apply for scholarships through One Planet. Please see page 6 for details.

If you are interested in enrolling your child(ren) in the fall “Gap Program”, please be sure to complete and return the following forms to the Site Coordinators by August 29th.

- Enrollment & Payment Form - Gap Program
- General Registration Forms 2016-2017 (2 pages – please complete this for 16-17 SY and you won’t need to do this again for the rest of the year)

Warm Regards,

Carrie McDonnell
Program Director
(802) 763-7775, ext 4
CMcDonnell@wrvsu.org

Bill Bonsignore
Lead Site Coor.
(802) 763-8840
bbonsignore@wrvsu.org

Kiersten Harlow
Newton Site Coor.
(802) 765-4351
skharlow2@aol.com

Jola Labejsza
Rochester Site Coor
802-767-3161
jlabejsza@wrvsu.org

Tara Tucker
Royalton Site Coor.
(802) 236-4882
ttucker@soroschool.org

Jordan Swank
Newton Site Coor.
(802) 234-9248
jswank@gmail.com

Amy Gray
Bethel Site Coor.
(802) 234-6607
agray@wrvsu.org

Leila LaRosa
Chelsea Site Coor.
(802) 685-4551
leila@vtlink.net

TBD
Sharon Site Coord.
(802) 763-7425

Lindsey Cole
Tunbridge Site Coor.
(802) 889-3310
lindsey.cole.802@gmail.com

Daily Schedules

Gap Program (August 31-September 16)

3:00-3:30 Healthy Snack

3:30-4:15 Outdoor Time/Recess

4:15-4:45 Homework

4:45-5:15 Free Choice

One Planet Session I (September 19-December 2)

K-2nd Graders

3:00-3:30 Healthy Snack/Recess

3:30-4:15 Special Program*

4:15-4:45 Active Learners/HW Club

4:45-5:30 Free Choice

3rd-6th Graders

3:00-3:30 Healthy Snack & Recess

3:30-4:15 Homework Club

4:15-5:00 Special Program*

5:00-5:30 Free Choice

*Special Program schedule, descriptions
and enrollment form will be sent home
with students in early September.

ENROLLMENT & PAYMENT FORM – GAP Program 2016-2017 Sharon

Name of Student(s): _____ Grade(s): _____

Parent or Guardian Printed Name: _____

Please check off the days in which you want to enroll your child.

GAP PROGRAM (Aug 31 – Sept 16)

- Wednesday, August 31 (HALF DAY)
- Thursday, September 1
- Friday, September 2
- Tuesday, September 6
- Wednesday, September 7
- Thursday, September 8
- Friday, September 9
- Monday, September 12
- Tuesday, September 13
- Wednesday, September 14
- Thursday, September 15
- Friday, September 16 (HALF DAY)

GAP Payment Worksheet

Complete Section 1 or 2. If FINANCIAL ASSISTANCE is needed, complete Section 3.

1) If your child is eligible for Free or Reduced lunch:

GAP PROGRAM PAYMENT:

of Regular Gap Days _____ x \$3/day = _____
of ½ Day Gap Days _____ x \$6/day = _____
TOTAL GAP= _____

2) If your child is NOT eligible for Free or Reduced lunch:

GAP PROGRAM PAYMENT:

of Regular Gap Days _____ x \$7/day = _____
of ½ Day Gap Days _____ x \$15/day = _____
TOTAL GAP= _____

Please make check payable to One Planet Program

Date: _____ Parent or Guardian Signature: _____

SECTION 3: Scholarship Request

Payment options are available for families who qualify for free or reduced lunch. If you wish to receive financial assistance or a scholarship to attend the GAP or One Planet Program, please check the appropriate box below:

My child(ren) qualify for

- Free Lunch
- Reduced Lunch

Step 1: Apply for Child Care Financial Assistance

We ask families to seek out Child Care Financial Assistance through the Family Place first as this allows your child to attend for free or at a reduced rate, and our program receives reimbursement from the state. To apply, parents/guardians must contact the Family Place at 802-649-3268 or go to <http://www.familyplacevt.org/child-care/>. If you don't qualify for child care assistance from the state, please go to Step 2.

Step 2: Scholarship Request

If you do not qualify for Child Care Financial Assistance, **please complete the following statement:**

"I am requesting scholarship funds for my child(ren) for the following reasons:"

We can pay \$ _____/day.

Signature: _____ Date: _____



One Planet Afterschool Program
Chelsea, Newton, Sharon, Royalton & Tunbridge

GENERAL REGISTRATION FORM – Part I

One form per student, please.

Student name: _____ Birth Date _____

School _____ Grade _____ Teacher _____ Gender _____

Home Address _____
Street Town State Zip

Mailing Address _____
Street Town State Zip

Email (if applicable) _____

Parent Contact Information

Name Home Phone Work Phone Cell Phone

Mother _____

Father _____

Is there anyone documented by a court order that your child should not be released to?

Pick Up Information

Safety is a top priority; no child will be released from program without a signature of one of the individuals below. List parents/guardians as appropriate and all individuals listed must be 16 years or older.

Do both parents have permission to pick up child at the end of program activities? _____

Who else has permission to pick up your child at the end of program activities?

1. _____ Relationship: _____ Phone: _____

2. _____ Relationship: _____ Phone: _____

3. _____ Relationship: _____ Phone: _____

Emergency Contact Information

List 2 local contacts who can be reached in case of an emergency if parents are unable to be reached.

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

(Please turn to complete back page)



One Planet Afterschool Program

Sharon, South Royalton & Tunbridge

GENERAL REGISTRATION FORM – Part II

Medical Information

Health/Emotional Issues _____

Allergies _____

Medications _____

Physician _____ Phone _____

Dentist _____ Phone _____

Permissions Please check the boxes for which you give permission

- I give permission to One Planet to treat my child medically in the event I cannot be reached.
- I give permission for photographs and/or videos to be taken of my child as part of the program for newsletters, Vermont Afterschool Inc., the media or any other positive and wholesome portrayal of the program to the public.
- I understand some of the programs are off school grounds and give my permission for my child to leave school grounds and be transported by bus, if necessary.
- I give my permission for my child to swim when taken to swimming areas where a lifeguard is on duty.
- I give my permission to One Planet to apply bug repellent and sunscreen as necessary.
- I give my permission for One Planet staff to give Tylenol or Ibuprofen for fever or headache as needed.
- I give my permission for One Planet staff to release my child to another school-based extracurricular activity such as sports (parents must provide the SC with a letter defining the details of this type of release).

In order for your child(ren) to participate, parent/guardians must read following statement and sign below.

I give consent to One Planet to gather information pertaining to my child for statistical purposes including: Free and Reduced Lunch Status, grades, standardized test results, school behavior and academic records, health records and attendance records. I understand that this information will only be seen by individuals with a strict "need to know" and otherwise will remain confidential. I also grant permission to the program to survey my child to fulfill requirements of the grant.

Signature of Parent/Guardian _____ Date _____