



One Planet Afterschool Program
Bethel, Chelsea, Newton, Sharon, Stockbridge,
Rochester, Royalton, Tunbridge

Dear Families,

August 2, 2018

We hope you are enjoying a fun and relaxing summer. At One Planet, we've had one of our best summers yet. It has been filled with many adventures, including exciting on-site theme programming and field trips to Killington Adventure Center, The Polar Caves, Pizza Putt, Charmingfare Farm, Get Air, Mendon Mini Golf, Storr's Pond, UVAC and many local parks. We explored our beautiful Vermont while hiking, swimming, and biking. We partnered with local organizations to bring dynamic learning opportunities to your kids.

Afterschool programming for K-6th graders will begin on Tuesday, September 4th 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 begin September 17th. **Session I special activity schedule, activity descriptions and Session I enrollment form will be sent home in early September...they are not included in this packet.**

Please Note: As we approach our 5th year of the 21CCLC grant cycle, our funding is reduced and we will be facing some financial cuts for the 2018-19 fiscal year. One way we will be addressing this is making slight modifications to our offerings. We have tried to do this thoughtfully, so the changes have the least impact on families. These are the changes we plan to implement:

1. We will start the program after Labor Day (September 4th, 2018).
2. We will end the program on June 7, 2019.
3. We will follow the school calendar September 4, 2018 to June 7, 2019, but will not offer the enrichment activities on the following partial weeks: November 19-20, December 17-21, January 3-4, March 6-8. On these days, we will have free choice and self-directed learning opportunities.

We hope these changes will not inconvenience you too much and we don't foresee any additional cuts to programming.

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 30th. One Planet Session I enrollment forms will be forth coming.

- Enrollment & Payment Form - Gap Program
- General Registration Forms 2018-2019 (2 pages – please complete this for 18-19 SY and you won't need to do this again for the rest of the year)

Warm Regards,

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ENROLLMENT & PAYMENT FORM – GAP Program Fall 2018-2019
Sharon Elementary School Afterschool Program

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 (Sept 4 – Sept 14)

- ___ Tuesday, September 4
- ___ Wednesday, September 5
- ___ Thursday, September 6
- ___ Friday, September 7
- ___ Monday, September 10
- ___ Tuesday, September 11
- ___ Wednesday, September 12
- ___ Thursday, September 13
- ___ Friday, September 14

GAP Payment Worksheet

# Children in the Family	Qualifies for Free/Reduced Lunch	Qualifies for F/R Lunch HALF DAYS	Full priced Families	Full Priced Families HALF DAYS
1st Child	\$4/day	\$8/day	\$8/day	\$16/day
2nd Child	\$3/day	\$7/day	\$7/day	\$15/day
3rd Child	\$2/day	\$6/day	\$6/day	\$14/day

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 \$4/day = _____

of ½ Day Gap Days _____ x \$8/day = _____

TOTAL GAP= _____

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

GAP PROGRAM PAYMENT:

of Regular Gap Days _____ x \$8/day = _____

of ½ Day Gap Days _____ x \$16/day = _____

TOTAL GAP= _____

Please make check payable to WRVSU- One Planet

Date: _____ Parent or Guardian Signature: _____



One Planet Afterschool Program

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 (a MUST!) _____

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

GENERAL REGISTRATION FORM – Part II

Medical Information

Health/Emotional Issues _____

Does your child have an IEP ___yes ___no? Does your child have a 504 plan? ___yes ___no?

Allergies _____

Medications _____

Physician _____

Phone _____

Dentist _____

Phone _____

Swim Level: Please check one

- My child is a beginner swimmer
- My child has completed swim level: _____(please provide a certificate of completion)

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 give my permission for my child to swim when taken to swimming areas where a lifeguard is on duty.
- 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 give Benedryl as needed
- I give my permission to the Family Place to share information with One Planet regarding my Child Care Financial Assistance application status and details (if applicable).

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, special education plans, 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 _____