



Winooski Department of Recreation and Community Wellness
 32 Malletts Bay Ave · 655-1392 x 21 · nina.ridhibhinyo@gmail.com

EXTENDED HOURS PARTICIPANT INFORMATION:

	Name	Gender	Grade
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

WEEKS (check weeks you would like to register):

First 6 Wks (3pm -5pm) June 15 June 22 June 29 July 6 July 13 July 20

Last 3 Wks (1pm-5pm) July 27 August 3 August 11

FEES (use the following to calculate your total cost):

Step 1

Dates	Participant rate	# of wks	# of participants	Subtotal
First 6 Wks (3pm-5pm)	\$25/wk	x	x	=
Last 3 Wks (1pm-5pm)	\$40/wk	x	x	=

Step 2

\$ _____	+	\$ _____	=	\$ _____
First 6 Wks Subtotal		Last 3 Wks Subtotal		Total Due

PAYMENT & REGISTRATION INFORMATION (please check all that apply):

- I have already filled out a THRIVE Summer Youth Enrichment Program registration form.
- I have enclosed my first week's payment in cash.
- I have enclosed a check to the "City of Winooski" equaling my first week's payment.

This form along with your first week's payment should be returned to the Department of Recreation and Community Wellness offices located in the O'Brien Community Center at 32 Malletts Bay Ave, Winooski, VT 05404. Following its receipt, you will be contacted by a program supervisor to discuss payment plan options.