

# Afterschool Program

2009-2010

Winooski Department of Recreation and Community Wellness  
32 Malletts Bay Ave x 655-1392 x 12 xradimasi@onioncity.com



## PARENT/GUARDIAN INFORMATION:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

## EMERGENCY CONTACT (during program operation hours):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

## PARTICIPANT INFORMATION:

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

Please list any medical conditions, physical limitations or other restrictions of the participant:

\_\_\_\_\_  
\_\_\_\_\_

Days of care needed:     Monday     Tuesday     Wednesday     Thursday     Friday

## WAIVER & RELEASES (please initial each item and sign):

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. 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.

Initial here \_\_\_\_\_

I hereby grant the Winooski Department of Recreation and Community Wellness and to its employees, agents and assigns the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Initial here \_\_\_\_\_

I give my permission to transport my child to the O'Brien Community Center and during program field trips.

Initial here \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

<i>Sliding scale</i>	<i>Participant rate</i>	<i># of participants</i>	<i>Subtotal</i>
Drop-in student	\$15/day	x	=
Weekly student	\$60/wk	x	=
Reduced/Free lunch eligible student*	\$40/wk	x	=

\*Please note that following licensing of the program, program fees will be raised to match those recommended by Child Care Resource (CCR). At that time, families in need of financial assistance should apply for CCR's childcare subsidy to help cover program costs.

PAYMENT OPTIONS (check one of the following):

- I have enclosed my first week's payment in cash.
- I have enclosed a check made out 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 and starting dates.*