



Dear Families:

One Planet is excited to offer our children and families a special December Session. The program dates will be from December 6th - 21st. Please email me (jfriedman@wrvsu.org) if you have questions. The following is the activity schedule for our December session:

<u>Mondays*</u>	<u>Tuesdays</u>	<u>Wednesdays</u>	<u>Thursdays*</u>	<u>Fridays</u>
Morrill Memorial and Harris Library Program (pick up is at 4:30pm)	Homemade Gift Making Workshop	Homemade Gift Making Workshop	Choice Time (K-3rd grade)	December Traditions
Description: Students will hear a story and do a related craft or activity based on a weekly theme	Description: Each day we will make unique handmade gifts for family and friends	Description: Each day we will make unique handmade gifts for family and friends	Description: The students will be able to choose between a few activities (board games, crafts, toys, etc.)	Description: December is a time to gather together for cherished activities. We will participate in traditions and create some of our own

*On Mondays and Thursdays Middle School Programming takes place (Dungeons & Dragons and Weaving Workshop). Email Jennie with any questions.

Enrollment

OPTION #1

☐ My student(s) is/are already attending One Planet. If none of your child's registration information has changed simply complete the information below and move on to the Payment Worksheet. If something has changed please update only those fields on the General Registration Form.

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

Parent or Guardian Printed Name: _____

By signing below I certify that all previous information on file, including permissions are still valid and accurate

Signature of Parent/Guardian _____ **Date** _____

OPTION #2

☐ My children are new to One Planet. (Please complete General Registration Form and Payment Worksheet that follows)

Payment Worksheet

Please select one payment option below. Remember to multiply how many of your children will be attending:

- ☐ My child(ren) will attend every day of the December Session (12/6 - 12/21) Total Price = \$70 full/ \$40 free/reduced lunch
- ☐ My child(ren) will attend the following circled days. Total Price = _____
- ☐ My child(ren) will attend the following circled days and has/have been accepted for Child Care Financial Assistance through the Family Place

Monday	Tuesday	Wednesday	Thursday	Friday
12/6 Morrill Memorial and Harris Library Program (pick up is at 4:30pm) Free (pick up at 4:30) \$3 (pick up from 5 - 5:15)	12/7 Homemade Gift Making Workshop \$7 full/\$4 free/reduced lunch	12/8 Homemade Gift Making Workshop \$7 full/\$4 free/reduced lunch	12/9 Choice Time (K-3) \$7 full/\$4 free/reduced lunch	12/10 - Half Day December Traditions Celebration \$10 full/\$6 free/reduced lunch (3pm pick up) \$14 full/\$10 free/reduced lunch (4:30 pick up)
12/13 Morrill Memorial and Harris Library Program (pick up is at 4:30pm) Free (pick up at 4:30) \$3 (pick up from 5 - 5:15)	12/14 Homemade Gift Making Workshop \$7 full/\$4 free/reduced lunch	12/15 Homemade Gift Making Workshop \$7 full/\$4 free/reduced lunch	12/16 Choice Time (K-3) \$7 full/\$4 free/reduced lunch	12/17 December Traditions \$7 full/\$4 free/reduced lunch
12/20 Morrill Memorial and Harris Library Program (pick up is at 4:30pm) Free (pick up at 4:30) \$3 (pick up from 5 - 5:15)	12/21 Homemade Gift Making Workshop \$7 full/\$4 free/reduced lunch	12/22 NO ONE PLANET	12/23 NO ONE PLANET	12/24 NO ONE PLANET

Please make checks payable to "WRVSU - One Planet"

GENERAL REGISTRATION FORM

One form per student, please.

Student name: _____ Birthdate _____

School _____ Grade _____ Teacher _____ Gender _____

Home Address _____
Street Town State Zip

Mailing Address _____
Street Town State Zip

Email (a MUST!) _____

Parent/Guardian Contact Information:

	Name	Home Phone	Work Phone	Cell Phone
Parent/Guardian 1	_____	_____	_____	_____
Parent/Guardian 2	_____	_____	_____	_____

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

Do you give permission for your child to walk home? _____

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 _____

Medical Information

Health/Emotional Issues _____

Does your child have an IEP ____yes ____no? Does your child have a 504 plan? ____yes ____no?

Does your child have an EST ____yes ____no?

Allergies _____

Medications _____

Physician _____

Phone _____

Permissions Please check the boxes for which you give permission

- ☐ Permission to treat my child medically if I cannot be reached and transported by ambulance if necessary
- ☐ Permission to take and publish pictures/videos of my child(ren) for any 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 to the Family Place to share information with One Planet regarding my Child Care Financial Assistance application status and details (if applicable).
- ☐ Permission to use topical treatments including antibiotic ointment, benadryl cream, bug spray, sunblock etc.

In order for your child(ren) to participate, parents/guardians must read the 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 _____

Financial Assistance Request (Optional)

My child(ren) qualify for:

☐ Free Lunch

☐ Reduced Lunch

☐ Full Price 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 do not think your family will qualify, please talk to your Site Coordinator.

Step 2: Scholarship Request

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

We can pay \$_____/per child.

Signature:_____

Date:_____