

2019 TOWN OF GREENWICH SUMMER YOUTH PROGRAM UPDATE



**TAKE NOTICE...CHANGE IN AM PROGRAM HOURS
AND AFTERNOON PROGRAM!!**



BECAUSE OF THE SCHOOL SCHEDULE THE PROGRAM IS 5 WEEKS NOT 6

Program Dates: Monday July 1st thru Friday August 2nd

No Program on Thursday July 4th

AM Program: 9:00 am - 12:00 Noon (Mon-Thur)

held at St. Joseph's Hall - Hill Street

FRIDAYS are optional Field Trips - check schedule

AFTERNOON Program: 1:00 - 3:00 PM (Mon-Thur) Battenkill Riverfront Park

Drop Off/Pick Up at St. Joseph's Hall

PLEASE READ CAREFULLY

The Town was unable to get lifeguards for the afternoon program; therefore, we will not be going to Lake Lauderdale and there will be NO SWIMMING this year. We will still have an afternoon program (see hours above). The children will be bussed to the Town of Greenwich Battenkill Riverfront Park for volleyball, basketball, playground activities and sprinklers. NO SWIMMING.

- 1. Non-Refundable Resident registration fee:** AM Program \$30.00 per child for five-week program
Afternoon Program \$30.00 per child for five-week program (\$60.00 per child for both)
- 2. Non-Refundable Non-Resident registration fee:** - AM Program Only or PM Only \$200.00 per child for the five-week program. If registering for both programs the cost is \$230.00 per child for the five-week program.
(Greenwich Central School District Residents Only)
- 3. Field trip fees will be due at time of registration.** See list of trips and amount. **No refunds unless trip is cancelled by the Town or venue.**
- 4. Registration forms will be accepted through Monday, June 3rd at 4:00 pm, NO EXCEPTIONS.** Children must have **COMPLETED** Kindergarten in order to attend the program.
- 5. A copy of your child's most recent immunization record MUST be included with the registration form. You may obtain the record from your child's school or doctor. Please do not submit the registration form until you have the record attached.**
- 6. COMPLETE** registration forms including registration fee(s) may be dropped off at the Town Office during regular business hours (Mon, Tues, Wed 8-12 & 1-4, Thur. 9-4 & 6-8, Fri. 8-12) or mailed to:
Town of Greenwich, 2 Academy Street, Greenwich, NY 12834 Attn: Kellie Blake

ANY QUESTIONS - PLEASE CALL YOUTH DIRECTOR ALEXANDRA O'BRIEN AT 518-649-0822

AGAIN DEADLINE IS 4:00 PM Monday, JUNE 3rd - NO EXCEPTIONS

These regulations are to ensure the health and safety of your child.

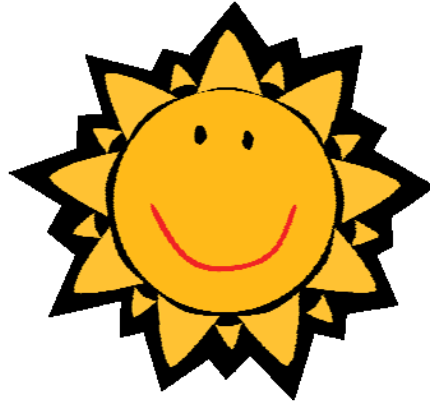
Thank you for your understanding.

TOWN OF GREENWICH ROADS**(NUMBERS INDICATE RESIDENCES IN THE TOWN OF GREENWICH ON THAT ROAD)**

Abeel Avenue	Galesville Road	Pulp Mill Lane
Academy Street	Gray Avenue	Queens Gate Drive
Anthony Road (4 - 499)	Green Street	Rabbit Road
Beech Hill Lane	Hardscrabble Lane	Raven Way
Bleeker Street	Hartshorn Road	Ray Road
Blodgett Road (39-104)	Hempels Way	Richards Road
Boehringer Road	Highland Street	Riddle Road
Boundsville Road	Hill street	River Road (13-349)
Bridge Street (4,7,12)	Irwin Road	Robertson Road (54)
Brophy Road	Jackson Avenue	Ryan Road
Bunker Hill Road (12-499)	Joe Bean Road (28-94)	Salem Street
Bypass Road	John Robertson Road	Sherman Avenue
Cabel Street	John Sears Road	Sherwood Avenue
Carl Avenue	John Street	Simpson Street
Center Falls Road (8)	Kilburn Road (55-307)	Sloan Drive
Christie Road	Langley Hill Road	Snell Drive
Church Street	Lark Street	South Boundsville Lane
Clarks Mills Road	Larmon Road	Spraguetown Road
Cooper Street	Lick Springs Road (4-516)	State Route 29 (1008-3674)
Corliss Avenue	Lincoln Avenue	State Route 4 (39-421)
Cottage Street	Lowber Road	State Route 40 (2530-3343)
Cottrell Road	Lyttle Lane	Thomson Road
Country Way	Mahaffy Road	Tracy Drive
County Route 113 (5016-5334)	Main Street	Union Street
County Route 49 (17-830)	Maple Springs Way	Van Ness Avenue
County Route 52 (1-952)	Maplewood Court	Washington Square
County Route 53 (10-192)	McClay Road	Washington Street
County Route 70 (10-150)	McDougal Lake Road	Whipple Place
County Route 77 (5-929)	Meader Road	Wilson Street
Depot Street	Mercer Way	Woodlawn Avenue
Derby Road	Mill Hollow	
Dixson Drive	Mill Road	
Duane Way	Mill Street	
Dundon Lane	Morehouse Lane	
East Lake Road (42-358)	Mosquito Swamp Rd (90-242)	
Edie Road (571-964)	Mowry Avenue	
Elbow Street	North Boundsville Lane	
Ferguson Road	North Greenwich Road (3-47)	
Fiddlers Elbow Road	North Rd	
Fisher Street	Overlook Avenue	
Forest Street	Pine View Drive	
Fort Miller Road	Post Office Lane	
	Pratts Point Way	
	Prospect Street	

IF YOU DO NOT SEE YOUR ROAD/NUMBER THE NON-RESIDENT FEE APPLIES

PROGRAM DATES:
Monday July 1st
Friday August 2nd



**REGISTRATION
BEGINS APRIL 29th**

2019

**Town of Greenwich
Summer Recreation**

**REGISTRATION ENDS
Monday, June 3rd at 4:00 pm
— — — Sorry No Exceptions — — —**

Registration forms will not be accepted
Without immunization records

PLEASE NOTE

Full Payment due at time of registration, including field trips.
Registration and Field Trip FEES ARE NON-REFUNDABLE unless field trip
cancelled by Town or venue.

Check or money order accepted. NO CASH

PROGRAMS	Program is for children who have COMPLETED kindergarten up to 6th grade.
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<p style="text-align: center;">Morning Arts & Crafts: St. Joseph’s Hall, Hill St. 9:00 am—12:00 noon Monday—Thursday Campers participate on site in daily arts and crafts, sports and playground activities.</p> <p style="text-align: center;">Optional Field Trips: Field trips are held on Fridays. Field trip payment is due with registration by June 3rd at 4:00 pm</p>	<p style="text-align: center;">Afternoon Program: Town of Greenwich Battenkill Riverfront Park 1:00 pm —3:00 pm Mon-Thursdays Campers will be bussed to the Town of Greenwich Battenkill Riverfront Park for volleyball, basketball, playground and sprinklers. NO SWIMMING.</p> <p style="text-align: center;">AFTERNOON PROGRAM WILL BE CANCELLED FOR INCLIMATE WEATHER. HAVE ALTERNATIVE CARE FOR YOUR CHILD.</p>
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FOOD FOR KIDS:
Food for Kids is a program sponsored by area churches and provides free lunch for children for five weeks during the summer. This program is **SEPARATE** from the Town of Greenwich Youth Program and licensed by the Department of Health.

REGISTRATION

REGISTRATION BEGINS APRIL 29th AND ENDS MONDAY, JUNE 3rd at 4:00 pm
Registration forms are available at the Town Office or on the Town Website www.greenwichny.org
TOWN OF GREENWICH RESIDENTS —\$30.00 per child for AM Program and \$30 per Child for PM Program. \$60.00 per child for both programs.
NON RESIDENTS— (outside Town boundaries but within Greenwich School District boundaries) \$200.00 per child for AM Program Only or PM Program Only, \$230.00 per child for both programs.
(see list of Town Roads, we reserve the right to ask for proof of residency)

PAYMENT

FULL PAYMENT AND IMMUNIZATION RECORDS ARE DUE AT TIME OF REGISTRATION.
ALL FEES ARE NON-REFUNDABLE. Check or money order. NO CASH ACCEPTED. Please make Checks/money orders payable to the Town of Greenwich. If field trip is cancelled by Town or venue that portion of payment will be refunded.

IMMUNIZATION RECORDS

Immunization records must be submitted each year (Health Dept. Regulations) and are due at registration. Registrations will not be accepted without immunization records.

INHALERS AND EPI-PENS

Please fill out the “Medication Form” supplied with your registration form. Prescribed inhalers and epi-pens must be kept in original containers bearing the pharmacy label.
Parent or guardian must deliver medication to Camp Director.

Dear Parents | Guardians,

We are so excited to welcome your child to the 2019 Town Summer Program! As we order our supplies and plan our programs, we are preparing our hearts and minds for delivering opportunities filled with fun and creativity.

The first week of the program is dedicated to tie dying t-shirts. For the field trips we would like to make sure the children come wearing the tie-dye shirts.



To stay informed, please don't forget to join the Remind alerts by downloading the REMIND (REMIND 101) app on your phone. When asked to enter your class code enter @townofg . In doing so you or your child care provider will receive automatic updates for swim cancellation or bus arrival delays.

Last but not the least, if you registered your child for the SKYZONE FIELD TRIP on July 19th, please make sure to complete the online waiver form by following this link:

<https://skyzonequeensbury.pfestore.com/waiver/>

We are so excited for the summer, and we eagerly await your child's arrival.

Alexandra O'Brien
Program Director
Town Summer Program 2019
518-649-0822

TOWN OF GREENWICH - 2019 SUMMER YOUTH PROGRAM

RELEASE/CONSENT FORM

PLEASE CHECK APPROPRIATE BOX(ES):

- RESIDENT - AM PROGRAM \$30.00 NON-RESIDENT AM PROGRAM ONLY \$200.00
 RESIDENT-PM PROGRAM \$30.00 NON-RESIDENT PM PROGRAM ONLY \$200.00
 RESIDENT - BOTH PROGRAMS \$60.00 NON-RESIDENT BOTH PROGRAMS \$230.00

ALL REGISTRATION FORMS AND FEES ARE DUE BY 4:00 PM MONDAY JUNE 3rd

Child's Name _____ Birth Date _____
Last First M.I.

Age _____ Grade Level Completed _____ T-shirt size _____
Child S M L XL
Adult S M L XL (circle one)

Parent or Guardian _____

Home Address _____
Street City/State Zip

Home Phone _____ Work Phone _____ Cell Phone _____

In the Case of an emergency, please notify:

Name _____ Address _____ Cell _____
Phone _____

Name _____ Address _____ Cell _____
Phone _____

HEALTH HISTORY

(For use if emergency care is required)

Child's Doctor _____ Phone _____

Insurance Carrier _____ Policy # _____

Known allergies to food or medications _____

Any Medical Concerns _____

Current Medications _____

I give permission for my child to participate in the Town of Greenwich Summer Youth Program between July 1st and Aug. 2nd 2019. I authorize treatment of minor medical needs by staff. ___ Yes ___ No. I, being the parent or legal guardian of the above named minor, do hereby appoint a representative of the Town of Greenwich Recreation Program to act on my behalf in authorizing medical, dental, or surgical care, or hospitalization for the above minor in my absence.

Parent/Guardian Signature _____ Date _____

Liability Waiver & Rule Acknowledgment: I absolve the Town of Greenwich, Recreation Program, and any of its employees and volunteers of any liability in the event of an accident or emergency occurring while my child is participating in the program and any areas that may be encompassed thereof. Parents will be accountable for damage caused by their child(ren). No disorderly conduct will be tolerated. Swearing, physical contact, verbal abuse, weapons, or items that could be used as weapons, will not be permitted. Personal belongings of toys, MP3 players, handheld games, etc. are NOT permitted in camp. Respect will be shown to staff and to others at all times. Parents will be notified of disciplinary programs either verbally or through written notices.

Parent/Guardian Signature _____ Date _____

DISMISSAL RELEASE

(Please choose only the option(s) that will most often apply)

My child **WILL NOT BE ATTENDING the Food For Kids** Program and:

_____ I will be picking up my child
OR

I give the following people permission to pick up my child

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

_____ Has permission to walk home. _____ Has permission to walk to the day care provider listed below.

Name _____ Phone _____

Address _____

My child **WILL BE ATTENDING the Food For Kids** Program **AND THEN**

_____ riding the bus to/from the Town of Greenwich Afternoon Program

_____ I will be picking up my child after Food for Kids _____ or after the Afternoon Program _____
OR

I give the following people permission to pick up my child

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

_____ Has permission to walk home after FFK _____ or after the Afternoon Program _____

_____ Has permission to walk to the day care provider listed below: after FFK _____ after PM Program _____

Name _____ Phone _____

Address _____

DUE TO SECURITY CONCERNS, IF YOUR CHILD IS TO BE DISMISSED AS A PICK-UP YOU OR A DESIGNATED PERSON WILL BE REQUIRED TO SIGN YOUR CHILD OUT BEFORE THEY ARE DISMISSED FROM THE YOUTH PROGRAM. PLEASE BE PREPARED TO SHOW IDENTIFICATION.

In order to ensure my child's safety, I will provide a written notice to the Youth Director, if there is a change in the above dismissal plan.

PLEASE MAKE SURE YOUR CHILD KNOWS WHAT TO DO IF THE AFTERNOON PROGRAM IS CANCELED DUE TO INCLIMATE WEATHER.

Child's Name _____

Parent/Guardian Signature _____ Date _____

**TOWN OF GREENWICH
YOUTH PROGRAM
2 ACADEMY STREET
GREENWICH, NY 12834**

EPI PENS OR INHALERS ONLY

Prescription MEDICATION ADMINISTRATION AT YOUTH PROGRAMS

Epi-pen or Inhaler Medications cannot be carried or administered without the following:

1. **Written directions from a prescribing physician regarding the administration of the medication.**
2. **Written permission from the parent/guardian for the child to self-administer the prescribed medication.**
3. **Medication must be in the original container with the child's name on it and brought to the Camp Administrator by a parent/guardian.**

AUTHORIZATION FOR ADMINISTRATION OF A PRESCRIPTION MEDICATION- (Epi-pen or inhalers only)

A. TO BE COMPLETED BY THE LICENSED HEALTH CARE PRESCRIBER:

I request that my patient, as listed below, receive the following medication:

Name of Student: _____ **Date of Birth:** _____

Diagnosis: _____

Name of Medication: _____

Prescribed Dosage, Frequency and Route of Administration: _____

Time to be taken during Camp Hours: _____

Duration of Treatment: _____

Possible Side Effects and Adverse Reactions (if any): _____

Other Recommendation: _____

***The child named above has been instructed on the proper use of the medication noted. We request that the child be permitted to carry the medication on his/her person or to keep same in his/her locker or back pack, as we consider him/her responsible. He/she has been instructed in and understands the purpose and appropriate method and frequency of use.

Child Self-Directed and can carry his/her medication

Name of Licensed Prescriber and Title (please print): _____

****Prescriber's Signature:** _____ **Date:** _____

Address: _____ **Phone:** _____

B. TO BE COMPLETED BY THE PARENT OR GUARDIAN:

I request that my child _____ in Grade _____ receive the medication as prescribed above by our licensed health care provider. The medication is to be furnished by me in the properly labeled original container from the pharmacy. I understand that my child or the Camp Health Director will administer the medication unless indicated as self-carry above by the physician.

****Signature (Parent or Guardian)** _____

Address _____

Tel.: Home _____ **Work** _____ **Cell** _____ **Date:** _____

***THIS FORM MUST BE INCLUDED WITH REGISTRATION FORM AND IMMUNIZATION
RECORDS, YOUR CHILD WILL NOT BE REGISTERED WITHOUT IT.***

2019 YOUTH PROGRAM FIELD TRIPS

DATE	FIELD TRIP	COST / CHILD	DROP OFF	PICK UP	LUNCH
July 5th	DAVE & BUSTERS 1 Crossgates Mall Rd Albany, NY 12203 (518) 313-4500	\$23.00 Lunch buffet and \$20 power play card	9:00 am St. Joseph's	4:00 pm at St. Joseph's	Lunch Buffet: Burgers, Chicken Bites, Fries, Cheese Pizza Bites, Mac n Cheese, Soda or Tea.
July 12 th	WILTON MALL BOW TIE CINEMA 3050 NY 50 Saratoga Springs, NY (518) 306-4707	\$7.00/ no snack Or \$13.00 Includes movie, & snack pack (popcorn, fruit snacks & drink)	12:00 Noon St. Joseph's	4:30 pm at St. Joseph's	With or without snacks
July 19 th	SKY ZONE 235 Corinth Road Queensbury, NY 12804 (518) 836-5867	\$18.00 Activities, pizza and drink	12:00 Noon St. Joseph's	4:00 pm at St. Joseph's	Includes pizza & drink
July 26 th	FUN SPOT 1035 U.S. 9, Queensbury, NY 12804 (518) 792-8989 Roller Skating, Go Carts, Laser Tag, Mini Golf or Jungle Gym	\$16.00 without lunch \$19.25 with package. (Both include 3 activities)	12:00 Noon St. Joseph's	5:00 pm at St. Joseph's	With or without lunch
August 2 nd	STRIKE ZONE 32 Ballston Avenue Saratoga Springs, NY (518) 584-4644 Bowling, balloon city, bumper cars & arcade	\$14.00 with 2 slices of pizza and drink	12:00 Noon St. Joseph's	4:00 pm at St. Joseph's	Includes Pizza and drink

TOWN OF GREENWICH SUMMER PROGRAM 2019 FIELD TRIP PERMISSION SLIP

I, _____ give permission for my child _____
 (print name) (print name)

to attend the following field trips, *indicated by check mark in front of trip*. My child has permission to be transported by the Town of Greenwich to participate in field trips by bus (contracted with Greenwich Central School). I take responsibility in knowing the date, venue and drop off/pick up times of each field trip (which has been supplied to me on separate sheet). **I understand that no refunds will be given unless the Town or venue cancels the trip.**

Signed: _____ Date: _____

PAYMENT FOR FIELD TRIPS ARE DUE WITH REGISTRATION FORM AND FEES BY JUNE 3rd

Check box	DATE	TRIP	COST	AMOUNT DUE
	July 5th	Dave & Busters	\$23.00 includes lunch buffet and \$20 power play card	
	July 12 th	Wilton Mall Bow Tie Cinema	\$7.00 no snack \$13.00 includes snack	
	July 19 th	Sky Zone	\$18.00 includes Pizza and drink	
	July 26 th	Fun Spot	\$16.00 without lunch \$19.25 with lunch	
	Aug. 2 nd	Strike Zone	\$14.00 includes pizza/soda	
			Total amount due at time of registration for field trips All trips with lunches \$87.25 Without \$78.00	\$

**2019 Town of Greenwich Youth Program
Consent Form For the Use of Photographs or Video**

The Town of Greenwich Youth Program recognises the need to ensure the welfare and safety of all young people taking part in any activity associated with our program.

In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers. As your child will be taking part in the Greenwich Youth Program to take place July 1, 2019 – August 2, 2019 we would like to ask for your consent to take photographs/videos of the event or activity that may contain images of your child. It is likely that these images may be used as

- a record of the activity or the event
- in a written evaluation report of the activity or event that will be viewed by the Town Board after completion of program
- publicity material for further activities or events on leaflets/websites/magazines
- illustrations of the activities or events in published articles
- future grant applications

The Town of Greenwich will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform Director, Alexandra O'Brien immediately.

Please return this form with the registration packet.

I (*parent/guardian*) _____ consent to the Town of Greenwich Youth

photographing or videoing (*insert child's name*) _____

Signature: _____

Date: _____