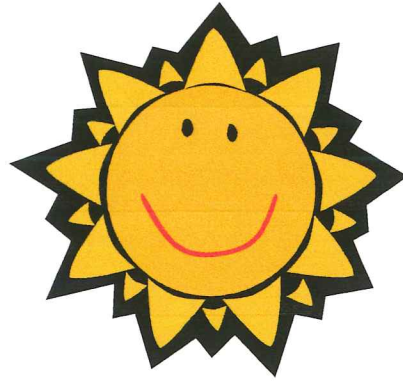


2023



Town of Greenwich
Summer Youth Program

MONDAY JULY 10TH - FRIDAY AUGUST 11TH

REGISTRATION BEGINS

Friday, April 21st

REGISTRATION ENDS

Friday, June 16th at 3 PM

Registration forms will not be accepted
without immunization records

Full Payment is due at the time of registration, including field trips.
Field Trip fees are NON-REFUNDABLE unless field trip is cancelled by
the Town or the venue!

Check or money order accepted. NO CASH Please!

<p align="center">PROGRAMS</p> <p>KEEP THESE FORMS FOR YOUR REFERENCE!!</p>	<p align="center">Program is for children who have COMPLETED Kindergarten through 6th Grade</p>
<p align="center">Morning Arts & Crafts: St. Joseph's Hall, Hill St. 9:00 am—12:00 noon Monday—Thursday</p> <p>Campers participate on site in daily arts and crafts, sports and playground activities.</p> <p align="center">Optional Field Trips: Field trips are held on Fridays (One on Thursday)</p> <p>Field trip payment is due with registration!!</p>	<p align="center">Afternoon Program: Monday— Gannon Park Wednesday— Community Day Tuesday and Thursday- Lake Lauderdale Beach 1:00 pm —3:00 pm</p> <p>Campers will walk together to Gannon Park/Community Location and will be bussed to Lake Lauderdale.</p> <p>Afternoon Program will be canceled due to inclement weather. Please have alternate child care available.</p>
<p align="center">FOOD FOR KIDS:</p> <p>The Greenwich Interfaith Food For Kids program provides free lunches for all campers for the five week program. Campers will be walked by counselors to the Town Office Building where they will be given served lunch. You can also send your child with a packed lunch if you prefer.</p>	
<p align="center">REGISTRATION</p>	
<p align="center">REGISTRATION BEGINS APRIL 21ST AND ENDS FRIDAY JUNE 16TH AT 3 PM <i>Registration forms are available at the Town Office or on the Town Website www.greenwichny.org</i></p> <p>GREENWICH RESIDENTS —\$50.00 per child for AM Program Only or PM Program Only. \$100.00 per child for both programs.</p> <p>EASTON RESIDENTS— The Town of Easton provides \$100 for each camper. Please pay the non-resident amount minus \$100!</p> <p>NON RESIDENTS— (outside Town boundaries but within Greenwich School District boundaries) \$200.00 per child for AM Program Only or PM Program Only, \$260.00 per child for both programs. (see attached list of Town Roads, we reserve the right to ask for proof of residency)</p>	
<p align="center">PAYMENT</p>	
<p align="center">FULL PAYMENT IS 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.</p> <p align="center">Sponsorship Program is available for both registration fees and /or field trip fees. Please contact Joanna Messina at (518) 692-7137 ex. 103 for details prior to registration.</p>	
<p align="center">IMMUNIZATION RECORDS</p>	
<p>Immunization records must be submitted each year (Health Dept. Regulations) and are due at registration. <u>Registrations will not be accepted without immunization records.</u></p>	
<p align="center">INHALERS AND EPI-PENS</p>	
<p>Please fill out the "Medication Form" supplied with your registration form if your child requires an Epi-Pen or Inhaler.</p> <p>Prescribed inhalers and epi-pens must be kept in original containers bearing the pharmacy label. Parent or guardian must deliver medication to Camp Director.</p>	

MAXIMUM CAMPER REGISTRATION WILL BE 120 CAMPERS!

REGISTRATIONS WILL BE ON A FIRST COME, FIRST SERVED BASIS!

This is to ensure safety and adequate supervision for your kids!

Completed Registration Forms can be:

- **Dropped off** at the Town Office during regular business hours (M-W 8:00-3:00, Th 9:00—7:00, F 8:00-12:00) or left in the drobox IN AN ENVELOPE on the porch after hours
- **Scanned/Filled and Emailed** to joanna.messina@greenwichny.org (Please no photos of forms)
- **Attend the Registration Day at the Town Office (information below)**

Registration Day

We will be offering a Registration Day at the Town Office (2 Academy Street) for registration forms to be dropped off and reviewed! The new Youth Program Directors, Arianna and Katie, will be available to meet and for any questions about the program or about registration!

- **Saturday, May 13th 9 AM—2 PM**

A receipt and registration confirmation will be emailed to you on Monday, June 19th if your child has been successfully registered. If anything is missing from their registration, you will be contacted either by phone or email prior to the deadline.

****If you do not receive an email on this date, please call Joanna Messina at (518) 692-7611 ex. 103****

Signing In/Out

**Your child needs to be signed in and out everyday.
There will be a new dismissal system that is described below.**

Your child can only be dismissed if they are signed out by someone who is listed on their registration forms or on a note given to the director or if they have been given permission to walk home.

If anyone other than the people who are listed on the registration forms is picking up your child, a written note must be given to the director.

****Counselors will ask for Identification if needed****

NEW DISMISSAL SYSTEM

If you are picking your child up from the AM program or after FFK, you can sign your child out at any time. Come in to the main entrance of Saint Joe's or to the Town Commons where FFK is served to sign out.

Campers will be dismissed from the Afternoon program in waves based on grade level.

Walkers will be dismissed at the stated times and campers who will be picked up will be lined up with their group counselor in the back of the building behind the parking lot. Parents should go to the location at the stated time to sign their child out with their groups counselor.

Grades K-3: 2:45 pm

Grades 3-6: 3:00 pm

CONTACT INFORMATION

PLEASE KEEP THIS FOR YOUR REFERENCE!

PROGRAM DIRECTORS:	Arianna Spiezio– 518-260-0999 Kathryn Coolidge– 802-417-1221
TOWN COORDINATOR:	Joanna Messina– 518-692-7611 ex 103 joanna.messina@greenwichny.org
TOWN SUPERVISOR:	Jim Nolan– 518-692-7611 ex 102 Jim.nolan@greenwichny.org
TOWN BOARD YOUTH COMMITTEE:	Jim Mumby– jim.mumby@greenwichny.org Tom Graves– tom.graves@greenwichny.org
HEALTH DIRECTOR:	Julie Mosher- mosherje1727@gmail.com

ANNOUNCEMENTS

Announcements regarding the program as well as afternoon program cancellations/changes will be made through the Remind app.

The Remind app is an app that you can download that will allow the directors to send out announcements and you are able to reply directly to the directors with any questions.

The directors can always be reached at their phone number listed above for any emergencies.

You will receive a invitation link to sign up for the Remind app via email and phone number once your child is registered.

SWIMMING AT LAKE LAUDERDALE

CAMPERS WILL NEED TO BE SWIM TESTED BEFORE THEY ARE ABLE TO SWIM AT THE LAKE!

The Progressive Swim Instructor will be at the lake Tuesday and Thursday of the first two weeks of camp. If your child would like to be able to swim at the lake, they have to be present for those days in order to be swim tested.

A new buddy system is being implemented and more details will be given to campers during the program. If you have any questions on swimming, please call Arianna or Katie at the phone numbers given above.

PLEASE CHECK APPROPRIATE BOX(ES):

- ALL REGISTRATION FORMS ARE DUE BY 3 PM ON FRIDAY JUNE 16TH!

Current Medications	
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I give permission for my child to participate in the Town of Greenwich Summer Youth Program between July 10th – August 11th. 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 or the PM Program:**

_____ I will be picking up my child at St. Joseph's Hall at 11:30 am.

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**

_____ I (or someone listed below) will be picking up my child after Food for Kids at the Town Hall by Noon _____

After the PM Program at St. Joes at 3:00 pm _____

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 your child's safety, you must 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 SUMMER PROGRAM 2023 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 will be sent out prior to the trip.

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 16th

Check box	DATE	TRIP	COST	AMOUNT DUE
	FRIDAY July 14th	Fun Spot, Queensbury	\$22.00 no lunch \$26.75 includes choice of chicken nuggets, pizza or hot dog.	
	THURSDAY July 20th	Liberty Ridge Farm, Schaghticoke	\$14.75 (Lunch provided by FFK)	
	FRIDAY July 28th	SkyZone, Queensbury	\$24.00 (Lunch provided by FFK) 90 mins of jumping	
	FRIDAY Aug. 4th	Christ the King, Greenwich	\$25.00 \$11.00 for lunch provided by CtK (Lunch can be provided by FFK if that is preferred)	
	FRIDAY Aug. 11th	Lake Lauderdale End of Season Party	Free!	
			Total amount due at time of registration for field trips (Include Total with or without lunches)	

**2023 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/guardians. As your child will be taking part in the Greenwich Youth Program to take place July 10, 2023 – August 11, 2023, 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/social media
- 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, George Ostrowski, immediately.

Please return this form with the registration packet.

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

Youth Program photographing or videoing my child/children listed below:

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.**

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