Greenport After School Program
612 Third Street, Greenport
631-477-1133

The After-School Program will begin on
Monday 09/13/21- Friday 06/10/22

This is an innovative program designed to provide a
nurturing environment that is conducive to developing
and enhancing basic study habits. Structured,
supervised activities are also provided.
Children are bused from Greenport School directly to
the Center after their regular school day.
Pick up is at 5:30 p.m.
After 5:30 p.m., a $10.00 late fee per each half hour
will be assessed.
Please come to the Recreation Center (612 Third Street)
before the first day of school to register.

1\textsuperscript{st} child: $80.00/month; 2\textsuperscript{nd} child $34.00/month;
3\textsuperscript{rd} and subsequent children; $20.00/month
Greenport After School Program

Child’s Name ____________________________ Sex ______

School ____________________________________ DOB _____ Grade _____

Home Address _______________________________________________________

Parent/Guardian Information:

Mother’s Name_______________________________________________________

Phone number during program hours____________________________________

Place of business______________________Phone________________________

Cell ________________________________

Father’s Name_______________________________________________________

Place of business______________________Phone________________________

Cell ________________________________

Emergency Contacts-Designated Persons for Pick Up

Name __________________________ Relationship __________ Phone Number __________

1. ____________________________________________________________

2. ____________________________________________________________

3. ____________________________________________________________

4. ____________________________________________________________
AGREEMENTS

1. I ____________________________________________ parent/guardian of
   ____________________________________________ give permission for emergency
medical treatment. I assume full financial responsibility for any treatment given
   to my child and will not hold the Village of Greenport, the Director or staff
   responsible for any unforeseen accident.

2. I will provide all pertinent medical information regarding my child, allergies,
special needs, diet restrictions, etc.

3. I agree to update information as changes occur.

4. I give permission for any field trips, i.e., Library, Ice Skating, Carousel Rides,
etc.

5. I hereby give permission for my child to be photographed for the purpose of
   promoting our program.

6. I understand that I am obligated to notify the Recreation Center if I decide to
   withdraw my child from the After School Program.

7. I recognize that it is my responsibility to remit payment to the Recreation
   Center the first of every month with a five day grace period.

Signature: ___________________________ Date: ______________
Greenport After School Program

Disciplinary Protocol

The Village of Greenport has a zero tolerance policy. We expect our students to conduct themselves in an appropriate manner. They are expected to demonstrate tolerance and respect toward fellow students and all personnel. Consequences will be imposed depending on the age of the child, the severity of the infraction and the discretion of the Administration.

Bullying/Threatening: Parental Contact and one day suspension.

Bringing Harm to Anyone: Parental Contact and Immediate Suspension (same day if possible) plus one more day of suspension.

Repeated Refusal/Insubordination: Parental Contact, and if repeated, one day suspension.

Horseplay that potentially endangers others: Parental Contact and, if repeated, one day suspension.

Possession of anything that could reasonably be considered a weapon: Parental Contact, Immediate Suspension (same day if possible) and one more day.

Harassment based on Ethnicity, Race, Religion, Gender or Social Status: Parental Contact, and one day of suspension.

Verbally abusing, pushing or hitting any staff member: Parental Contact, and immediate plus one more day of suspension.

All minor infractions will be handled by the Recreation Specialist and/or Program Coordinator.

________________________________________

Child’s Name

________________________________________

Parent/Guardian’s

________________________________________

Signature

________________________________________

Date
To Whom It May Concern:

My Child ____________________________ will be attending the Village of Greenport After School Program. Please help my child get on the correct bus.

Parent/Guardian Signature ____________________________

Cell Number ____________________________

Daytime Phone Number ____________________________