



## **Greenport After School Program**

**612 Third Street, Greenport  
631-477-1133**

**The After-School Program will begin on  
Monday 09/11/23**

**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<sup>st</sup> child: \$80.00/month; 2<sup>nd</sup> child \$40.00/month;  
3<sup>rd</sup> 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 \_\_\_\_\_