



GREENFIELD RECREATION DEPARTMENT

20 Sanderson Street, Greenfield, MA 01301
PHONE (413) 772-1553 ☎ FAX (413) 773-0115
www.greenfieldrecreation.com



March 10, 2026



Hello Campers and Parents!

Welcome back to returning families and a warm welcome to new families that are considering our camp for the first time! The Greenfield Recreation Department is committed to providing a fun, safe, and memorable experience for all campers and has been busy planning a summer filled with fun, creativity, and outdoor adventure. We are looking forward to another unforgettable summer with memories that will be sure to last a lifetime.



We welcome your family to join us for one or all eight of our one-week sessions. Please review this parent handbook for complete details of session dates, times, themes, field trips, special guests, registration information, and policies and procedures.

Registration will **open Wednesday, April 1st**. We will **not** accept registrations before this date. A non-refundable deposit of **\$25 per child per week** is required at the time of registration to secure your camp space. We are also offering our special full summer 8 week camp discount where families registering for all 8 weeks paying in full by June 1st will receive one week free. **Your registration will not be considered complete and a spot for your camper will not be reserved until all required forms are submitted.** Please see page 6 for a list of all forms needed to register. These forms are available at the end of this information packet. Completed registrations may be dropped off or mailed to 20 Sanderson Street.

Please feel free to contact us with any questions. We are looking forward to being back in action this summer.

Sincerely,

Christy Moore
Recreation Director

Kelly Jenkins
Assistant Director

Heather Mahoney
Program Supervisor

William Hesslink
Youth Center Coordinator

We Create Community Through People, Parks, & Programs!

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GREENFIELD RECREATION SUMMER CAMP THEMES 2026

Each themed session helps to guide the week's activities, games, arts & crafts, special guests, and field trips. Please see our descriptions below for the different themes and activities planned for each session.

Session A ✨ June 29- July 2*: What Even is this Week? *No Camp July 3rd for Observed Holiday (Pro-rated Week)

What even is this week? Who can say? It's a little bit of everything, in every way! Crazy games, lots of laughs, and surprises galore, a week of wacky fun is waiting for you to explore.

Session B ✨ July 6-10: Time Twisters- 250 Years of Fun

America's turning 250 this year- hip, hip, hooray! We'll travel through history in a fun, time-travel way. From colonial days to rockets in flight, from horses to hoverboards, and inventions so bright. We will take part in crafts and games from every age; this week America's history takes center stage.

Field Trip: Old Sturbridge Village, \$30 Field Trip Fee

Session C ✨ July 13-17: Camp Showdown

Come on down and let the games begin, camp game show week is here to win! Answer questions and spin the wheel, complete the challenges and test your skill. Buzzers, prizes, and laughter galore, this week has tons of fun in store!

Special Guest: Campardy

Session D ✨ July 20-24: Art Explosion

Get ready to splatter, sketch, and create, with a week full of art that's bold and great! Paint, build, design, and let ideas flow, it will be an explosion of color from head to toe. From messy masterpieces to crafts that wow, imagination takes over right here, right now!

Field Trip: WNDR Museum Boston, \$30 Field Trip Fee

Session E ✨ July 27-31: Treasure Island Takeover

X marks the spot, can you find the way? We will dig, decode, and participate in lots of pirate themed play. Raise the flag and join the crew, Treasure Island Week is calling you!

Session F ✨ August 3-7: Recreation Rangers

An adventure awaits with a badge to earn, and lots of new skills for you to learn. Explore the park, river, and trails all day, as teamwork and laughter lead the way. Nature, games, and challenges too, this week is full of fun for both me and you!

Field trip: Look Park, \$30 Field Trip Fee

Session G ✨ August 10-14: When I Grow Up

This week we dream, we plan, we play, exploring careers in every way! From artists to athletes, builders and bakers, to dreamers and doers, and future changemakers. A week devoted to the future you, with big ideas and fun things to do.

Session H ✨ August 17-21: The Big Finale

The end of camp is here at last, let's celebrate the memories from all the weeks passed. We will play our favorites one more time and end the summer at our prime. Laugh, cheer, and make this week the best, it will be a summer finale that tops the rest!

Special Guest: Ice Cream Emergency

GREENFIELD RECREATION SUMMER CAMP PARENT HANDBOOK 2026

Please read the following important information regarding the Greenfield Recreation Department Summer Camp and go over the important details with your child or anyone who may be caring for your child.

GENERAL INFORMATION

Discovery (Grades K-2)

Every day is an adventure for our Discovery campers! These young campers have a very active imagination, are full of creativity, and love to play. Your child will meet new friends, play interactive games, create arts and crafts projects, swim, explore, and participate in imaginative play. A 1:5 staff to camper ratio will ensure your little discoverers will get the attention they need. Through specially trained staff, age-specific safety precautions, and a well rounded curriculum, we create a nurturing environment that will aid in the physical, social, and emotional development of your child.

Discovery Camp Director: *Hannah Poirier, (413) 801-5292: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at (413)772-1553.*

We are excited to welcome back Hannah as this year's Discovery Camp Director for a third year! Our camp holds a special place in her heart as she began the program as a Kindergarten and has not missed a summer since. Hannah spends the school year as an IA. She loves working with kids and can't wait for an amazing summer!



Discovery Home Base Location: Pavilion

Discovery Rain Site Location: Greenfield Middle School

Sizzlers (Grades 3-6)

Sizzlers aged campers are learning more independence and responsibility every day. Your child will be introduced to new activities designed to allow them to challenge themselves and work as a team. Your child will meet new friends, develop new relationships, participate in fun and interactive games, create arts and crafts projects, swim, and more. A 1:10 staff to camper ratio will ensure your children will get the attention they need. Through specially trained staff, age-specific safety precautions, and a well rounded curriculum, we create a nurturing environment that will aid in the physical, social, and emotional development of your child.

Sizzlers Camp Director: *Tracey Kelleher, (413)325-6165: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at (413)772-1553.*

Tracey has been with the Greenfield Recreation Camp for over twenty years. Originally from Wales, she now resides in Western Mass. In her off camp time, she is an IA at Hawlemont School. The kids just love Tracey and she can't wait to spend another Summer with them!



Sizzlers Home Base Location: Tent 1 (located near basketball court)

Sizzlers Rain Site Location: Greenfield Middle School

Leaders in Training (Grades 7-9)

Our oldest campers will work to develop their leadership, teamwork, and decision making skills through this camp based training program. This program also helps your young leaders prepare for future work as camp counselors. Leaders will work closely with our experienced staff who will guide them in their journey. Your child will serve as a role model for the entire camp. Only those truly committed to being a positive role model and developing their leadership skills should sign up for this program.

LIT Camp Director: *Kaylah Eggsware, (413)479-9207: Direct emergency contact during camp hours only; otherwise please call the Recreation Department office at (413)772-1553.*



We are happy to have Kaylah as our Leadership in Training Director for a third year. Kaylah attended recreation camp as a child and is looking forward to engaging our young leaders in a variety of fun and skill development activities.

LIT Home Base Location: Tent 2 (located near volleyball court)

LIT Rain Site Location: Greenfield Middle School

CAMP STAFF

Your kids are in good hands! All staff members including camp and swim area staff are certified in CPR, AED, & First Aid. Staff members are also both SORI and CORI checked. Staff training is held prior to the start of camp, with weekly meetings throughout the summer.

CAMP HOURS

Our regular program is from 9:00AM to 4:00PM, Monday through Friday. Please do not drop your child off early or pick them up late. These are the times our staff members are on duty for supervision. **Early and late care is available, but pre-registration is required.**

Early Care- drop off between 7:30AM and 9:00AM (\$30.00 additional per child per week)

Late Care- pick up between 4:00PM-5:30PM (\$30.00 additional per child per week)

CAMP FEES

Session A (Pro-Rated for No Camp on July 3rd)

Regular Day: \$160 Residents, \$170 Non-Residents

Early Care: \$24 per child per session

Late Care: \$24 per child per session

Sessions B-H

Regular Day: \$200 Residents, \$210 Non-Residents

Early Care: \$30 per child per session

Late Care: \$30 per child per session

Field Trip Fee: Additional \$30- Applies to Sessions B, D, F

Second Sibling Discount: \$10 off second sibling when registering for same week

8 Week Special: Register and pay in full by June 1st and receive one week free.

Registration Deposit: A non-refundable \$25 deposit per child per week is due at the time of registration.

Camp Payment: Payments for each session (minus the deposit made at time of registration) must be made at least one week prior to the session start date. Payments can be dropped off on Monday mornings to a staff member upon arrival at camp or to the Recreation Department office anytime outside the designated camp payment hours. Please see payment schedule on page 23. We also have a Camp Auto Payment option! Complete the form at the end of this packet to enroll!

Cancellation: You must contact the Recreation Department to cancel your enrollment in a camp session at least

one week prior to the beginning of the session. If cancellation is not made at least one week in advance, you are responsible for paying the full cost of your camp enrollment.

Refunds: Refunds after the payment deadline will be made at the discretion of the Recreation Department only in the event of serious injury, illness, or death in the immediate family. No refunds will be made after the payment deadline for any other reason, even for campers who cancel, are absent, or are dismissed from the program.

REGISTRATION

All campers **MUST** be registered to participate! Registrations will not be accepted without the following:

All Campers:

1. Registration Form
2. Child Information Sheet
3. Camper or Leader in Training Survey
4. Physical & Immunization Records
5. Deposit of \$25 per child per week

If Relevant:

6. Medication Administration Form
7. Camp Auto Payment Form
8. Leadership in Training Application Form

These forms can be found at the end of this information packet beginning on page 24.

WHAT TO EXPECT

TYPICAL DAY

Early care begins at 7:30AM. During this time, campers participate in free choice activities. The regular camp day begins at 9:00AM and starts with a morning meeting. Scheduled activities are then planned throughout the day including field games, playground time, snack, swim time, lunch, arts and crafts, etc. Each week has activities and events corresponding to its theme and may feature a field trip or special guest!

RAIN DAYS

In the event of bad weather, camp will meet at your designated Rain Site. A message will be posted on the Recreation Department answering machine at (413)772-1553 x4 by 7:00AM as well as posted on the Greenfield Recreation Facebook Page. During "lffy", drizzly days, we stay at the swim area.

If, during the day, unexpected heavy rain or thunderstorms start and do not let up, we have made arrangements with F.M. Kuzmeskus Bus Company to transport campers to the designated rain site. You may call the office or your Camp Director to determine if this has been done. Camp will then stay at the site for the remainder of the day where you will need to pick up your camper at the regularly scheduled time. **If severe weather occurs past 3:00PM, parents will be called for an early, emergency pick-up at the Swim Area.**

PERSONAL BELONGINGS

We ask that campers only come with the necessities they need for their camp day. Please leave all extra belongings such as toys, stuffies, and Pokemon cards at home.

WHAT TO PACK AND/OR WEAR TO CAMP:

1. Sneakers
2. Clothes that can get dirty
3. Swim suit
4. Towel
5. Bag for wet or dirty clothes
6. Flip flops/ water shoes for swim time
7. Sunscreen
8. Bug spray
9. Water bottle
10. Afternoon snack or money for the Snack Shack
11. Lunch (if not eating lunch provided)
12. Change of clothes

WHAT NOT TO PACK AND/OR WEAR:

1. Clothes that can't get dirty
2. Sandals and flip flops (a pair can be packed for Swim Time, but they should not start the day in them)
3. Glass containers
4. Lunch that needs refrigeration or heating
5. Anything of value
6. Electronic devices
7. Anything extra including toys, stuffies, and Pokemon cards

The first priority of our staff members is to ensure the safety of all campers. While they will do their best to help keep track of a camper's belongings, they are not responsible for anything that is lost or stolen. It is recommended that you label your child's belongings. A lost and found will be maintained on site.

SWIMMING

Campers swim once a day weather and conditions permitting. Lifeguards are on duty any time our program participants are in the water. **Please inform a staff member if your child cannot swim.** Discovery campers are required to stay in the shallow end, not passing waist level. Sizzlers campers have the option to take a swim test. Swim tests are offered once per week on Monday. If the camper passes, they are allowed to swim across the river with a buddy. If they do not pass, they are required to stay in shallow area. Buddy checks will be conducted frequently. Parents are encouraged to send their child with a Coast Guard Approved flotation device if your child cannot swim.

LUNCH/SNACKS

All staff and children must wash their hands before and after serving and/or eating. Every effort will be made to encourage the children to eat their snack and lunch; however, children's appetites vary and it is not the program's responsibility to be certain every bite is eaten. No sharing of snacks or drinks is allowed.

Morning Snack: The Greenfield Recreation Department will provide a nutritious snack daily. Fruits, vegetables, whole grains, and dairy products are commonly used within the program. Water, juice, or milk will be served with snack. Please be sure to bring any allergies or dietary restrictions to the attention of the Camp Director as soon as possible so we can plan to accommodate your child's needs. An allergy list is confidentially posted for staff to refer to. The staff will take every precaution to keep the children safe from allergic reactions. We will provide a separate table for children with allergies so that they have a safe place to eat and enjoy the company of their friends. Parents/Guardians may prefer to provide a snack for their child.

Lunch: Free Lunch is provided by the State-Funded School Department Free Lunch Program and served by the Greenfield School Food Service Department. You may also choose to send your child with their own lunch. We do not have the capacity to store perishable items, so send only non-perishable food and beverages. No glass containers for anything! Lunch may not be purchased from the Snack Shack.

Afternoon Snack: It is the parent/guardian's responsibility to provide an afternoon snack for their child. Some suggestions for a nutritional snack would include the following: crackers, cheese, raw vegetables, fruit juice and/or milk, etc. We do not restrict certain foods such as peanuts as a general rule. In the event that a child in the program has a severe life threatening allergy such as an airborne allergy to peanuts, camp reserves the right to restrict foods in the program. The Snack Shack will be open for your children to purchase afternoon snack. If you have any concessions snack restrictions for your child, please inform the camp staff. Camp staff will take all snack shack orders midday and deliver snacks to the camper's home base at snack time to avoid unnecessary crowding around the snack shack area.

WATER

Water is very important during the summer. Water breaks are given frequently! Please send your child with a water bottle that can be refilled. We will assist children in refilling them as often as needed. If your child requires more water, instruct them to tell a counselor!

HYGIENE

Camp staff will do their best to ensure campers are practicing good personal hygiene including not sharing personal items, not sharing food or drinks, and keeping their bodies to themselves. Gum and spitting is also not allowed. In addition, campers and staff must wash their hands frequently throughout the day.

Sanitizer with at least 60% alcohol can be used at times when hand washing is not available with written parent permission and under the supervision of staff. Sanitizer will be securely stored when not in use.

DROP-OFF & PICK-UP PROCEDURES

ARRIVAL/DROP OFF

Parents/guardians must sign their camper in each morning. Please park in the parking lot and walk your child to your designated sign in area.

ABSENCE

If your child will not attend for any reason, please call your Camp Director by 9:00AM or inform staff onsite of your schedule change. Children who are registered and fail to arrive for the program will be reported absent and staff will call parent/guardian to verify reason for absence.

CHILD RELEASE/ PICK-UP POLICY

Parent / Caregivers need to sign campers out each day for their safety. Included in the child information form is a section regarding authorized pick-ups. You must provide the name and contact information of any person you give permission to pick up your child at the end of the day. Children will only be released to those listed on the form. Please be sure to update this form as needed. If anyone other than those approved on your pick-up authorization form will be picking up your child, staff must have a signed and dated note from the parent or guardian prior to pick-up specifying the name of the individual who is authorized to pick-up for that specific day. Everyone, even parents/ guardians, must show an ID before a child will be released in order to ensure the child's safety. Once staff members come to recognize parents/guardians, an ID may not be required. At the time of pick-up, you must collect all of your child's belongings, notices, and/or artwork from their day's activities.

There will be designated pick-up/ sign out stations for each camp located near the park entrance area. Parents must park in the parking lot. A season pass or park entrance fee is not required for entry to the park if you are just dropping off and picking up campers. Please stop at the gate to notify them that you are picking up for camp. If you are staying at the park after pick-up, daily rates or season passes are required.

LATE PICK-UP POLICY

The official closing time of the program is 4:00PM for regular day and 5:30PM for late care. All employees scheduled hours revolve around this time. Parents/guardians are expected to pick-up their children on time. In the event that you will be late for pick-up, you must abide by the following rules:

1. Parent/ guardian must call the program to let staff know what time they will expect to arrive or to inform staff of alternate transportation arrangements that have been made.
2. Parent/guardian will be charged a late fee of \$1.00 per minute per child after 4:05PM/ 5:35PM payable the next working day to the Recreation Department office.
3. In the event that the program does not receive a prior phone call from the parent/guardian, the following procedures will be immediately implemented
 - a. A staff member will try contacting parent/guardian. If contact cannot be made, a staff member will call the Emergency Contact list to arrange for pick-up. (Parent will still be assessed the late fee per minute, per child)
 - b. If by 6:30PM contact cannot be made to the child's parents/guardians or emergency contacts, a call will be placed to the Department of Children and Families (DCF) Emergency Unit to report an abandoned child. Staff members will then follow DCF instructions for any necessary arrangements. Parents will be informed to contact DCF for further instructions.

COMMUNICATION

PARENT/GUARDIAN-STAFF COMMUNICATION

It is very important to keep the lines of communication open between parents/guardians and staff. Please feel free to contact us if you have any questions or concerns. By having the parents/guardians and staff work together, we can create an environment that is a positive experience for all.

Our staff members strive to communicate with parents on a daily basis at pick-up time; however, the staff's main function is to provide care to the children in the program. You may want to schedule a phone appointment with the Camp Director to discuss any concerns that you may have. Suggestions and comments regarding the program are always welcome.

PARENT/GUARDIAN PROTOCOLS

1. Parents are not allowed to ask camp staff to babysit their child at any time.
2. Parents are not allowed to take pictures and/or videos of any child during camp hours.
3. Parents and children are not allowed to contact staff on Facebook, Instagram, or any other form of social media.
4. Staff are not allowed to contact parents or children on Facebook, Instagram, or any other form of social media.
5. Any behavior by a parent/guardian that is deemed inappropriate or adversely affects the program and/ or its operation may result in termination of the child from the program upon notice.

HEALTH CARE POLICIES: EMERGENCIES/ FIRST AID/ MEDICINE

HEALTH CARE POLICY

Before a child is admitted into our camp program, the parent/guardian must provide a physical report and immunization record in accordance with Board of Health Licensing regulations. A blank form is included in this document for your use or you may use the Doctor's office print out.

HEALTH CARE SUPERVISORS

A minimum of two trained Health Care Supervisors will be on site at all times.

HEALTH CARE CONSULTANT

Laurie Naughton, PA-C
10 Main Street, Florence, MA 01062
Office: (413)586-8910 Cell: (413)404-5568

HOSPITAL UTILIZED FOR EMERGENCIES

Baystate Franklin Medical Center
164 High Street
Greenfield, MA 01301
(413)773-0211

INJURY AND EMERGENCY

Staff members are certified in First Aid and CPR and will take care of basic first aid needs. For basic First Aid administered, with no necessary treatment away from camp, notification will be given to parents via telephone call, written notice, or verbally at day's end including a description of the injury, method of treatment, and time of injury.

In the event that immediate medical attention is required, the following procedures will be implemented:

- 911 will be called (*all ambulance fees will be the responsibility of the parents/guardians*)
- The parents/guardians or designated emergency contacts will be called.
- A staff member will accompany the child to the hospital

PLAN FOR INFECTION CONTROL AND MONITORING

The Camp Director must be notified immediately if a child or staff member is diagnosed with a contagious disease. All parents/guardians of program participants will be notified of any diagnosed communicable diseases or outbreaks. To prevent outbreaks, proper hand washing is required prior to handling and/or eating of food by children and staff. The sharing of drinking cups and utensils is prohibited. Any surface that is soiled is required to be cleaned with an antiseptic solution.

1. Any participant who appears to have a contagious illness (not aligning with COVID-19 Symptoms) or injury will be kept in a separate area until parent/guardian is contacted and child is picked up. Staff members exhibiting the same will be sent home immediately. Examples include:
 - Copious Nasal Discharge
 - Red, Crusty, Weepy Eyes
 - Wound with Significant Redness, Swelling, and Drainage
 - Lice or any Nits
2. If a child has any of the following diagnosed communicable diseases, they are required to stay home for the duration of the illness (or until it is no longer contagious to other children)

- **Strep Throat:** May return 48 hours after antibiotic is administered
- **Chicken Pox:** Minimum exclusion, one week. Your child cannot return until the rash is completely dry or crusted.
- **German Measles:** May return after rash disappears
- **Mumps:** 9 days after onset of swelling
- **Measles:** 5 days after rash begins
- **Lice:** After treatment has been completed and all eggs (nits) are gone from the hair.
- **Hepatitis:** 3 weeks after onset of jaundice
- **Conjunctivitis:** May return day after prescribed medication is applied
- **Impetigo:** Children may not return until all symptoms of the disease have cleared up. A physician's release form is required before returning.

3. Respiratory viruses including COVID-19, flu, and/or RSV

- Staff members or children who test positive but are asymptomatic can participate in the program.
- Staff members or children who test positive and are symptomatic should remain home and isolate until they are fever-free for at least 24 hours without the use of fever reducing medications. Children and staff are no longer required to isolate 5 days.

MEDICAL CONDITIONS

If a child has a known medical condition (allergies, asthma, diabetes, seizure disorder, etc.), please be sure that the staff is made aware at the start of the program. This will allow for a quick response if a problem should occur during program hours. If medication needs to be dispersed or available on site, please make sure that the appropriate forms have been completed.

Please consider an allergy/medical alert bracelet or necklace for your child so that every adult has immediate recognition of your child's medical/allergy condition. If your child has severe airborne allergies a medical alert bracelet or necklace is required.

ADMINISTRATION OF MEDICATION

Campers' prescription medications will be kept in the safe inside the camp room. Medications requiring refrigeration will be stored at temperatures of 36° to 46° F. Emergency medications such as inhalers and Epi-pens will be kept with a staff member at all times if traveling away from home base. Only the Health Supervisor (Camp Director) is designated to administer non-emergency dosages to campers. Each dosage must be logged. An Authorization to Administer Medication to a Camper form must also be completed by parent and reviewed with the Health Care Consultant. Each prescription container must be clearly labeled including:

- Name of the prescribing physician
- Name of the camper
- Route by which medication is given
- Dosage to be given
- Times to be given
- Name of the medication
- Medication expiration date

No aspirin or other non-prescriptive medicines will be administered by the staff (unless noted with permission by the child's doctor). Over the counter medication must be accompanied by specific instructions from the camper's physician. The instructions must state the dose, time, and reason for the medication. Staff cannot make any medical determinations. Any leftover medication will be returned to parents or destroyed using proper disposal methods.

SELF-ADMINISTRATION OF EPI-PENS & INHALERS

If a camper, age 9 or over, has a known allergy or pre-existing medical condition for which an Epi-pen or inhaler has been prescribed and for which they have a current prescription, the parent/guardian may give permission for the child to self-medicate.

These emergency medications will be stored in camp first aid packs carried by their camp counselor. Medications will be stored in the safe at night. The parent/guardian must supply written notification from the child's physician indicating that their child has permission to self-medicate. This notification must be turned into the Camp Director before the start of camp.

FOOD ALLERGIES

If we have children enrolled in our programs that have life threatening allergies to peanuts and foods containing peanut additives in any form, a no peanut policy will be implemented. Please be aware of the items that are sometimes found in campers snack or lunch that may contain peanuts or peanut products. Please check the labels carefully and talk to campers about not sharing snacks with other campers. Please see list below:

Avoid foods that contain any of these ingredients:

Beer Nuts	Ground Nuts	Mixed Nuts
Peanuts	Monkey Nuts	Nu-Nuts (flavored nuts)
Nut Pieces	Peanut Butter	Peanut Flour
Cold Pressed Peanut Oil		

Foods that may indicate the presence of peanut protein:

Candy	Baked Goods	Chocolate
Marzipan	Nougat	Sunflower Seeds
Chili	Egg Rolls	Hydrolyzed Plant Protein
African, Chinese, Thai, Indonesian, Vietnamese dishes		Hydrolyzed Vegetable Protein

*Artificial nuts can be peanuts that have been deflavored and reflavored with a nut such as pecan or walnut. Mandelona nuts are peanuts soaked in almond flavoring.

*Studies show that most allergic individuals can safely eat peanut oil (not cold pressed, expelled or extruded peanut oil). Arachis oil is peanut oil.

SUNSCREEN

Campers will be exposed to sun throughout the day. It is recommended that campers wear a hat and protective clothing in addition to sunscreen. Parents or Guardians are responsible for applying the first layer of sunscreen prior to morning drop-off and providing it for use during the camp day. Sunscreen should be labeled with child's name and stored in their back packs. We strongly suggest waterproof **SPRAY** sunscreen SPF 25 or greater. If parents/guardians have more than one camper attending camp, we ask each camper have their own supply of sunscreen so that it is readily accessible throughout the camp day.

Staff will distribute sunscreen for reapplication before each Swim Time. Staff members are responsible for sunscreen reapplication and may need to assist campers. They will not apply sunscreen when skin is broken or an adverse reaction has been observed. When staff notices these reactions, they will report them to Health Care Supervisor who will contact the camper's family.

INSECT REPELLENT

Parents are encouraged to apply insect repellent (DEET 20–25% is suggested) to their child daily, prior to arrival. At the end of the day, children should be reminded to wash any treated skin with soap and water. Staff will apply or supervise the re-application of insect repellent provided by parents or guardians as needed not more than once per day when there is a high risk of insect-borne disease.

Insect Repellent Information:

Studies show that it is acceptable to use DEET of up to 30% concentration on children over 2 years of age and that the concentration of DEET in the product is related to the length of protection. DEET may be applied to skin or clothes, but not under clothing. Treated skin should be washed with soap and water upon completion of outdoor activity. 24% DEET provides 5 hours of protection. 6.65% DEET provides 2 hours of protection.

TICKS

Visual checks for ticks on campers' arms, legs, and clothing is a regular part of our camp routine. The guardian is responsible for checking the child each evening for ticks by feeling the skin for bumps.

Tick-borne Illness Facts and Prevention

Not all ticks are infected and studies have shown that an infected tick normally cannot begin passing the Lyme Disease bacteria until it has been attached to its host for 24 hours. Finding and careful removal of the tick is the best preventative.

Prevention suggestions

1. Wear enclosed shoes and light-colored clothing with a tight weave to spot ticks easily. Keep long hair tied back. Tuck shirts into your pants and long pants into socks. Wear a hat.
2. Use repellents that contain 24% DEET on exposed skin or treat your shoes and clothing with permethrin.
3. Scan clothes and any exposed skin frequently for ticks
4. Do a full-body tick-check at the end of the day by feeling the skin for bumps. Be aware that ticks climb upwards in search of skin so check hidden areas of the neck, ears, head, genitals and bellybutton.
5. Spin clothes in the dryer for 20 minutes to kill any ticks. Look for ticks on your gear/backpack.
6. Know the symptoms of Lyme Disease (see below) and other tick-borne illnesses.

To remove a tick

1. Use a pair of tweezers to grasp the tick by the head where it enters the skin. Do not grasp the body.
2. Pull upward with steady, even pressure. (Do not twist the tick, apply petroleum jelly, a hot match, alcohol or any other irritant in an attempt to have the tick back out.) If mouth-parts break off try to remove them, but if not possible, leave it alone and let the skin heal.
3. Clean the bite area with an antiseptic. Redness or a rash at the bite site for a number of days is normal.

Symptoms of Lyme Disease

Contact your physician if any of the following symptoms appear three (3) or more days after the bite. Lyme symptoms vary and may include recurrent headache, exhaustion, muscle aches, rash, or joint pain. Early treatment with antibiotics almost always results in a full cure.

IDENTIFYING AND REPORTING ABUSE AND NEGLECT

All children enrolled in Greenfield Recreation Summer Camp Program shall be protected from abuse and neglect. The Department of Children and Families requires the program to report suspected cases of child abuse. This includes the reporting of parents who appear to be impaired by drugs or alcohol.

Suspected cases of abuse or neglect will be reported to the Recreation Director in writing with all factual information and observations of the child in question immediately. The report will be signed, dated and true to the best of the staff person's knowledge. All staff are considered mandated reporters and must report any suspicion of abuse or neglect to the Director who will report the suspected case immediately to the Department of Children & Families, pursuant to M.G.L. c.119, ~51A.

The program will cooperate with all investigations of abuse and neglect. This may require disclosing personal information to the Department of Children and Families and other persons or agencies specified as necessary for the prompt investigation of allegations and for the protection of the child.

Any staff person under investigation will be removed from direct care responsibilities until the Department of Children & Families investigation is complete. If the investigation proves the complaint is valid, the staff member will be dismissed immediately.

GUIDANCE AND DISCIPLINE POLICY

The Greenfield Recreation Department believes that children learn positive behavior through reinforcement and redirection. The most effective way to help a child learn positive behavior is to reward those behaviors so that the child will want to repeat them. We work hard to teach alternative strategies or implement progressive discipline when inappropriate behaviors are exhibited. Through behavior management we attempt to teach acceptable behaviors, and to promote positive self-image in children by:

- Preventing problems
- Offering positive suggestions
- Redirecting to a different behavior or activity
- Providing encouragement
- Discussing the situation and why the rule is needed
- Giving positive attention frequently
- Developing rules with the children
- Setting up a program that is suitable for the ages and needs of the children
- Providing appropriate consequences
- Offering choices and interesting activities
- Using age appropriate “stop & think”, to allow for a cool down and time to think of better ways to handle problems

Progressive discipline refers to the concept of increased severity in discipline if a child repeatedly violates rules or fails to meet behavior expectations. In adherence to the principles of progressive discipline, violations of the behavior standards are categorized into three categories and each carries its own series of consequences. The categories of violations are as follows:

- Minor Violations
- Major Violations
- Critical Violations

DEFINITION OF VIOLATIONS

Minor Violations:

- Disrespectful towards staff
- Disrespectful towards other students
- Disruptive behavior
- Repeatedly not following directions
- Repeatedly not following program/game rules
- Excessive Horseplay

Major Violations:

- Pushing
- Tripping
- Hitting
- Kicking
- Spitting
- Threatening comments or gestures
- Uncontrollable behavior
- Aggressive behavior towards other children or staff
- Inappropriate language
- Teasing or embarrassing others
- Willful destruction of property

Critical Violations:

- Fighting
- Leaving supervised premises without permission
- Biting
- Aggressive behavior that causes serious harm to another child, staff member, or themselves
- Harassment, Intimidation, Bullying

ADMINISTRATION OF DISCIPLINE

Discipline and guidance will be fair and consistent and based on the understanding of each child’s individual needs. At no time will a child be disciplined in an inappropriate, demoralizing, humiliating, or abusive manner. No child will be denied food as a form of punishment. No child will be punished for soiling or wetting their clothes. Progressive discipline for the aforementioned violations will be administered with regard to the following disciplinary track:

	First Violation	Second Violation	Third Violation	Fourth Violation	Fifth Violation
Minor Violation	Verbal Notice to parent/guardian describing the behavioral concerns	Written notice to parent/guardian describing the behavioral problem	Written notice to parent describing the behavioral problem and parent conference	1-3 Days out of program suspension	Expulsion from the program for the remainder of summer
Major Violation	Written notice to parent/guardian describing the behavior	Written notice to parent describing the behavioral problem and parent conference	1-3 days out of program suspension	Expulsion from the program for remainder of summer	
Critical Violation	1-3 Days out from the program	Immediate expulsion for remainder of summer			

TERMS OF PROGRESSIVE DISCIPLINE

All corrective action is documented in writing, including a description of the violation, date and time, and is to be signed by the child’s parent/guardian and a program staff member. A parent’s refusal to sign the documentation will be noted on the report.

TERMS OF SUSPENSION

When a program participant is placed on suspension, the length of suspension is contingent upon the severity and nature of the violation.

Determination of violations is at the discretion of the Camp Director. The program reserves the right to terminate a participant in other extreme circumstances or if the parent/guardian consistently fails to follow program policies.

EMERGENCY PROCEDURES/EVACUATIONS

Each Camp Director in conjunction with the Recreation Department will schedule and record drills on the first day of each camp session (8 total). On a typical camp day, Discovery has 30 Campers and 7 Staff, Sizzlers has 40 Campers and 6 Staff, LIT has 20 Campers and 2 Staff. In the event of emergency, the following procedures will be followed:

FIRE EVACUATION PLAN

Swim Area

1. Anyone in the immediate area of danger will be notified using the following methods:
 - a. Camp Staff notified via two way radio
 - b. Lifeguards will assist with notification via megaphones
2. Camp staff will immediately evacuate their assigned group of campers to the grassy area by the foot bridge in their designated cohorts.
3. 911 will be called by the Sizzlers Camp Director using a cell phone and will provide the following information:
 - a. Building name and address (Green River Swim Area, 1 Nash's Mill Rd, Greenfield)
 - b. Nearest cross street (Colrain and Leyden Roads)
 - c. Location of fire in the building
 - d. Known information about the fire/smoke
 - e. A call-back telephone number
 - f. Do not hang up until the emergency services operator does so
4. Lifeguard and Concessions Swim Area Support Staff will ensure everyone is evacuated from building and restrooms and will close doors to confine the fire/smoke (do not lock)
5. Gate attendant will open Emergency Gate to allow for Emergency Vehicles.
6. Each Camp Director will grab their Emergency Binder and sign-out sheet and then take attendance at their meeting point.

DISASTER PLANS

If advised by authorities to evacuate the area, the Sizzlers Camp Director will immediately call the bus company to coordinate Emergency Buses. Campers will seek shelter in designated location until bus arrives.

Tornado/High Wind

1. Campers are signaled by staff to gather in the bathroom areas, where no windows are present.
2. Campers are instructed to crouch down along the wall in a line, covering the back of their necks with their hands.
3. If campers are not in the vicinity of the bathrooms and such a situation should arise, staff will direct campers to the lowest possible area and instruct campers to lie down and cover their necks with their hands.

Flash Flooding

1. Evacuation of the beach area by guards and all staff.
2. Campers directed by staff to meet under home base where head count is taken.
3. All flowing water above ankle deep is avoided.
4. Campers and staff members evacuated from site via bus, if bus not readily available, staff directs campers to higher ground as a group.

Lightning

1. Staff directs all campers to meet at bathrooms or designated space, where shelter is taken.
2. Head count is taken.
3. If near water, area is immediately evacuated to bathrooms or designated space.

4. Staff and campers must remain in bathrooms until the storm has passed or it is time to evacuate.
5. Staff will try to calm campers by playing games and talking.
6. If storm is severe, prior to 3:00pm, campers and staff will be transported to their designated rain site via bus. If the storm occurs after 3:00pm, an emergency/bad weather early pick-up is required. The Camp Director will notify all parents via phone call, and if they cannot be reached, emergency contacts will be called for pick-up.

Wildfire

1. Staff signals all campers to their home base.
2. Radio is used to listen for evacuation information.
3. Head count is taken.
4. If heavy smoke, campers instructed to lie on ground and breathe air close to ground.
5. If campers and staff are trapped, lie on ground and breathe air there or get as close to a body of water as possible.

CAMPER ABSENCE/ CONTINGENCY

If a camper fails to arrive for camp without having notified the Camp director/staff prior, the following procedure will be followed:

1. Attendance is double checked.
2. Parent/guardian is phoned and camper whereabouts are verified.

If the camper fails to arrive at the pickup point at the end of day:

1. Attendance is double checked.
2. Check sign out to see if camper was picked up early.
3. Follow lost camper procedure if camper is not found.

If a child comes to camp without registering or notifying camp:

1. Check on the status of the child with the parent/guardian if they are still present.
2. Otherwise, find out with whom they arrived, and obtain related campers' info if applicable.
3. Contact parents/guardians.
4. If non-related camper, obtain phone number from child and call parents/guardians.

TRAFFIC CONTROL

Drop off and pick up policies for the Greenfield Recreation Departments' Day Camp Program are distributed to parents before the start of the camper's first session. Parents must use caution as they drive to their designated pick-up point. Children will not be permitted to leave camp until a designated person arrives and they are checked out by a staff member.

CAMPER TRANSPORTATION

Transportation to and from camp will be provided by the parent/guardian only. Staff may not transport campers in personal vehicles. Buses will be provided for transportation on days with midday inclement weather. Due to COVID-19 Camp Screening guidelines, campers will no longer be allowed to arrive to the program on their own. All campers will need to arrive to the program with a parent/guardian.

LOST CAMPER

In the event that a camper goes missing, the following procedures will be used:

1. Staff member noticing camper missing will notify Camp Director, who will be in charge of the entire search.
2. Once notified of lost camper, counselors will instruct campers to meet at their home base. If during swim time, guards will clear water areas and instruct all campers to meet at their home base.
3. Camp Director or Head Counselor will take attendance.
4. Lifeguards will make a megaphone announcement for the child to report to their home base.

5. Camp records will be checked to see if camper left early.
6. Camp Director will assign a staff member to report camper information to Recreation office at 413-772-1553, including:
 - Camper name and age
 - Place last seen and by whom
 - What the camper was wearing
 - Other pertinent information
7. Camp Director will assign staff members to stay with group at Home Base.
8. Camp Director will notify Park Manager and gate staff to initiate lifeguard lost camper procedures.
9. Search of grounds is conducted, led by Camp Director who assigns each of the following areas to a staff member:
 - Concessions Staff- Beach house/ facilities
 - Lifeguards- Waterfront/ water
 - Camp- Grounds on both sides of river
 - Gate- Remains at post to assist with emergency vehicles and closes park gates to ensure nobody leaves the park.
10. Parents are called to see if child was picked up early without notification.
11. If camper is not found, emergency personnel will be notified via 911.
12. Search continues until all campers are accounted for.

LOST SWIMMER

All campers will be taught the lifeguard water signals during each session of camp. In the case of a missing swimmer, the following procedure will be followed:

1. Staff alerts guard if camper is missing.
2. Water cleared immediately by lifeguard on duty using designated whistle blast.
3. Park Manager will lead the lost swimmer search. They must have a list of staff conducting searches in assigned areas in order to account for staff and avoid the need for a double rescue.
4. The Park Manager will interview the person who reported the missing swimmer and find out as much information as possible which will help direct the search.
5. All campers will report to their home base for attendance.
6. Lifeguards will make a megaphone announcement for the Child to report to their home base.
7. Recreation Department and Emergency personnel contacted by Camp Director, notifies that there is a possible lost swimmer.
8. All staff members conducting the search should use a buddy system.
9. Lifeguards will begin water search.
10. Staff members help search grounds including beach house and playground areas; they may also assist guards in searching shallow waters using shallow water search methods:
 - a. Water search by guards/staff from shallow to deeper according to height.
 - b. Search members link arms and start search where the camper was last seen, using a sweeping motion with their feet to check the bottom of the river.
11. Only lifeguards should search deep water areas.
12. Search continues until all campers are accounted for.

UNRECOGNIZED PERSONS

Camp is held in a City Park and is open to the public. Staff understand how critical it is to be aware of their local environment and potential risks. Staff are vigilant in assessing what is happening near them. Any unrecognized or suspicious person intruding into camp activity space will be immediately reported to the Camp Director. The Camp Director and Park Manager will approach the unrecognized person(s) in a friendly manner, introducing themselves and see if they need any assistance. They will escort the individual away from campers and as close to the main building as possible. Proper authorities will be contacted if necessary.

When reporting an unrecognized individual, having a thorough description of the individual is imperative. Identify the following:

- Gender
- Approximate height and weight
- Approximate age
- Hair and eye color
- What they are wearing
- What vehicle they were driving and/or license plate number
- Alone or with others
- Suspicious activity

These camps must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health. Parents/ Guardians have the right to review background check, health care policies, discipline policies, and grievance procedures upon request.

If you have any questions please speak with the camp staff or call the Recreation Department Office at (413)772-1553.

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the “meninges”) that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease may appear suddenly. Fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash can all be signs of meningococcal disease. Changes in behavior such as confusion, sleepiness, and trouble waking up can also be important symptoms. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes. Less common presentations include pneumonia and arthritis.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person’s saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine is routinely recommended at age 11-12 years with a booster at age 16. In addition, these vaccines may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child’s healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don’t have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningococcal disease.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated May 2018

ATTENTION PARENTS

Please keep track of your camp payments! Payments can be made anytime at the Recreation Department office or on Monday mornings at camp.

Payments (minus camp deposit) must be made at least one week prior to the start of the camp session your child will be attending! Your child will not be able to attend if the session is not paid in full.

Session A* - (June 29- July 2): *Payment due by **June 22***

** Pro-Rated for Observed Holiday/ No Camp on July 3rd*

Session B - (July 6- July 10): *Payment due by **June 29***

Session C - (July 13- July 17): *Payment due by **July 6***

Session D - (July 20- July 24): *Payment due by **July 13***

Session E - (July 27- July 31): *Payment due by **July 20***

Session F - (August 3- August 7): *Payment due by **July 27***

Session G - (August 10- August 14): *Payment due by **August 3***

Session H - (August 17- August 21): *Payment due by **August 10***



Registration Guidelines

Use one form for multiple class registrations.

Complete this form and be sure to note:

1. All contact information is complete.
2. Include payment for all classes. Checks payable to City of Greenfield Recreation Department.
3. Mail to or drop off at:
**Greenfield Recreation
20 Sanderson Street
Greenfield, MA 01301**

Website:
greenfieldrecreation.com
Phone:
413-772-1553
Fax:
413-773-0115

OFFICE USE ONLY	
Paid _____	Entered _____

Summer Camp 2026 Greenfield Recreation Registration Form

PLEASE PRINT CLEARLY.

Greenfield Resident Non-Resident

Parent/Guardian Name _____

Address _____

City/State/Zip _____ Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact other than yourself. Name _____ Phone _____

LIST EACH PARTICIPANT'S INFORMATION; USE GRADE YOUR CHILD IS ENTERING IN THE FALL

Camper Name _____	Summer Camp Sessions	Fee	\$25 Deposit
Gender _____	<input type="checkbox"/> Session A <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Birth Date _____	<input type="checkbox"/> Session B <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Age _____	<input type="checkbox"/> Session C <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Grade in Fall _____	<input type="checkbox"/> Session D <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
Select Camp:	<input type="checkbox"/> Session E <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> Discovery Camp (Grades K-2)	<input type="checkbox"/> Session F <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> Sizzlers Camp (Grades 3-6)	<input type="checkbox"/> Session G <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
<input type="checkbox"/> LIT Camp (Grades 7-10)	<input type="checkbox"/> Session H <input type="checkbox"/> Early Care <input type="checkbox"/> Late Care		
	<input type="checkbox"/> 8 Week Discount- Paying in full by June 1		

TOTAL ENCLOSED _____



Check here if you have enclosed a self-addressed, stamped envelope -- we will mail you your receipt.

FORM OF PAYMENT Cash Check Ck # _____ Discover AmEx Visa Mastercard

CARD AUTHORIZATION: PLEASE CALL THE RECREATION DEPARTMENT OFFICE TO PROVIDE INFORMATION.

Release and Waiver Agreement: I the undersigned do hereby consent to my or my child's participation in voluntary athletic or recreation programs of the City of Greenfield Recreation Department. I also agree to forever release the City of Greenfield, the Recreation Commission, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the City of Greenfield ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child and/or myself or property damage resulting from my child's participation and/or my participation in the City of Greenfield Recreation Department voluntary athletic or recreation programs. Consent: I hereby consent and affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation and/or my participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the City of Greenfield Recreation Department's athletic or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary City athletic or recreation programs.

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Recreation Dept for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do _____ I do NOT _____ give permission for my child to be photographed/videotaped. INITIALS: _____

PRINT NAME OF PARENT OR GUARDIAN _____ SIGNATURE _____ DATE _____



GREENFIELD RECREATION SUMMER CAMP CHILD INFORMATION FORM 2026



CHILD INFORMATION

Name: _____ DOB: _____ Age: _____ Gender: _____

School: _____ Grade Entering the Fall: _____

Eye Color: _____ Hair Color: _____ Weight: _____ Height: _____

Identifying Marks: _____

Please list any medical needs, dietary restrictions, allergies, etc. _____

Does your child carry a lifesaving medication (inhaler, EpiPen®)? Yes _____ No _____

*PLEASE NOTE: If your child carries a life saving medication, one must be supplied to Camp

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

**Please attach
a current
photograph
of your child.**

PARENT/GUARDIAN INFORMATION

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

Name: _____ Relationship to Child: _____

Address: _____ Town: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Best # to Reach: _____ Email Address: _____

Are there any custody agreements, court orders, or restraining orders pertaining to your child that camp staff should be aware of?

YES NO If yes, please attach a copy

ADDITIONAL PICK-UP CONSENT

In the event that I cannot pick up my child for any reason, I authorize Camp to release my child to the following individuals:

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

EMERGENCY CONTACTS IF PARENT(S)/GUARDIAN(S) CANNOT BE REACHED.

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Name: _____ Relationship to Child: _____ Phone: _____

Hospital Preferred: _____ Health Insurance Carrier & Policy #: _____

PLEASE COMPLETE BOTH SIDES

CONSENT

I authorize Greenfield Recreation Camp staff to give my child first aid when appropriate. If my child requires further medical attention, 911 will be called and I will be notified immediately. I understand if I cannot be reached, one of the emergency contacts will be notified. If my child needs to be taken to the nearest medical care facility or to my preferred hospital listed above by ambulance, one qualified staff person will accompany my child to the hospital. I also give permission to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as indicated. I will accept responsibility for any expenses incurred in handling this emergency care.

Parent/Guardian (Please Print): _____ Signature: _____ Date: _____

PARENT HANDBOOK ACKNOWLEDGEMENT

I have read and understand all of the policies in the Greenfield Recreation Camp Information Packet. I agree to follow the policies accordingly. I do understand that all policies listed in this information packet will be enforced, and failure to comply with the policies, is reason for immediate termination.

Parent/Guardian (Please Print): _____ Signature: _____ Date: _____

PERMISSION TO APPLY SUNSCREEN

I understand that I will apply sunscreen to my child prior to arrival at camp. I will provide the camp with one bottle of sunscreen SPF 25 or greater per child, labeled with my child’s name. Camp staff will be responsible for ensuring follow-up applications. Please note, this will mean your child may have sunscreen applied to them by the camp staff.

I do _____ I do NOT _____ give permission for staff to apply sunscreen to my child. INITIALED: _____

PERMISSION TO APPLY INSECT REPELLENT/ BUG SPRAY

I give camp staff permission to apply insect repellent to my child no more than once per day and only if public health authorities recommend due to high risk of insect-borne disease. I understand that it is my responsibility to provide a container of insect repellent, which contains DEET and is labeled with my child’s name.

I do _____ I do NOT _____ give permission for staff to apply insect repellent to my child. INITIALED: _____

PERMISSION TO APPLY HAND SANITIZER

I give my child permission to use hand sanitizer containing at least 60% alcohol.

I do _____ I do NOT _____ give permission for my child to use hand sanitizer. INITIALED: _____

TRANSPORTATION RELEASE

I give permission for my child to be transported via school bus to the Rain Site in emergency weather situations and camp relocation.

I do _____ I do NOT _____ give permission for my child to be transported via bus. INITIALED: _____

PUBLICITY/PHOTO RELEASE

I understand that my child may be photographed or videotaped by the Greenfield Recreation Department for use on website, in promotional/ publication materials, and for grant purposes. Newspaper and television staff may also photograph or videotape my child should they feature the program.

I do _____ I do NOT _____ give permission for my child to be photographed/videotaped. INITIALED: _____

Please return this form to the Greenfield Recreation Department, 20 Sanderson Street, Greenfield, MA 01301

Phone: (413)772-1553 Fax: (413)773-0115 Website: www.greenfieldrecreation.com

This Program complies with regulations of the Massachusetts Department of Public Health (105CMR430) and is licensed by the Greenfield Board of Health.

FOR OFFICE USE ONLY:	Sessions Registered:	<input type="checkbox"/> A	<input type="checkbox"/> B	<input type="checkbox"/> C	<input type="checkbox"/> D	<input type="checkbox"/> E	<input type="checkbox"/> F	<input type="checkbox"/> G	<input type="checkbox"/> H	<input type="checkbox"/> Early Care	<input type="checkbox"/> Late Care
<input type="checkbox"/> Registration Form	<input type="checkbox"/> Child Information Form	<input type="checkbox"/> Health & Immunization Record	<input type="checkbox"/> Camper Survey	<input type="checkbox"/> Medication Form							
Date Registered:	_____			Reviewed By:	_____						



Greenfield Recreation Department Discovery & Sizzlers Camper Survey 2026



Camper's Name: _____ Camper's Age: _____

Please take the time to fill out and return this camper questionnaire with your camper's registration. This will help us to best accommodate your camper's needs and interests.

1. Camper's favorite subject(s) in school are?

2. What activities does your camper enjoy doing while they are at home?

3. What activities or themes from years past did you camper enjoy the most?

4. What activities or themes mentioned in the camp information packet is your camper looking forward to the most?

5. What activities that are not mentioned in the camp information packet would your camper like to do?

6. Does your camper enjoy physical or quiet activities? Explain.

7. Does your camper enjoy group-oriented or individual activities? Explain.

8. Is there anything else you would like us to know about your camper that would enable us to make their experience as enjoyable as possible?



**Greenfield Recreation Department
Summer Recreation Program
HEALTH MAINTENANCE FORM**



**This form (or similar form from the Doctor's Office)
must be received by the Greenfield Recreation Department at the time of registration**

Name: _____ DOB _____/_____/_____ Age _____

Physical Exam Findings:

BP _____ / _____ P _____ Height _____ Weight _____

Physical Development: _____ WNL _____ AB

Nutritional Status: _____ WNL _____ AB

Skin: _____ WNL _____ AB Eyes: _____ WNL _____ AB

Ears: _____ WNL _____ AB Nose: _____ WNL _____ AB

Mouth: _____ WNL _____ AB Teeth: _____ WNL _____ AB

Neck: _____ WNL _____ AB Throat: _____ WNL _____ AB

Heart: _____ WNL _____ AB Spine: _____ WNL _____ AB

Abdomen: _____ WNL _____ AB

ACUTE / CHRONIC MEDICAL CONDITIONS: _____

ALLERGIES: _____

DAILY / PRN MEDICATIONS: _____

IMMUNIZATIONS:

DTP1 _____ DPT2 _____ DPT3 _____ DPT4 _____ DPT5 _____ TD _____

MMRI1 _____ MMRI2 _____ HEPB1 _____ HEPB2 _____ HEPB3 _____

OPV1 _____ OPV2 _____ OPV3 _____ OPV4 _____

MD Signature

Date

Return this, or a similar Doctor's Form to:
Greenfield Recreation Department
20 Sanderson Street
Greenfield, MA 01301

This Page Is Intentionally Left Blank

Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information	
Camper's Name:	
Age:	Food/Drug Allergies:
Diagnosis (at parent/guardian discretion):	
Parent/Guardian's Name:	
Home Phone:	Business Phone:
Emergency Telephone:	
Licensed Prescriber Information	
Name of Licensed Prescriber:	
Business Phone:	Emergency Phone:
Medication Information 1	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	
Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Medication Information 2	
Name of Medication:	
Dose given at camp:	Route of Administration:
Frequency:	Date Ordered:
Duration of Order:	Quantity Received:
Expiration date of Medication Received:	

Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].</p>	
<p>If above listed medication includes epinephrine injection system:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p>If above listed medication includes insulin for diabetic management:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

**** Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

Greenfield Recreation Summer Camp Payment Plan Authorization Form



PLEASE PRINT LEGIBLY

Child's Name: _____

Cardholder's Name: _____
FIRST MIDDLE INITIAL LAST

Email: _____ Phone: (____) _____

Discover MasterCard Visa American Express

Card Number: _____ Expiration: ____/____ CVV Code: _____

Billing Address: _____
STREET CITY STATE ZIP

Weekly Payments will be processed on the Monday prior to session registered

Please Process Payment for my Weekly Camp Dues to include:

Weekly registration fee less \$25 Deposit

Payment Processing Dates

Session A: Pay June 22	Session E: Pay July 20
Session B: Pay June 29	Session F: Pay July 27
Session C: Pay July 6	Session G: Pay Aug 3
Session D: Pay July 13	Session H: Pay Aug 10

Would you like a receipt of each week's payment? No Receipt Emailed Printed

I authorize the Greenfield Recreation Department (service provider) to charge my credit/debit card as identified above to the terms stated here. This authorization shall remain in effect until the service provider receives written notification from me of intent to terminate at such time and in such a manner as to afford the service provider reasonable opportunity to act (minimum of 30 days).

I understand my payment will be processed one week prior to the start of the registered camp session. I further understand that payment amount will vary based on the week enrolled and any extra services I may sign up for.

I represent and warrant that I am authorized to execute this payment authorization for the purpose of implementing this payment plan. I indemnify and hold the service provider, the bank, and the merchant harmless for damage, loss or claim resulting from all authorized actions hereunder.

Customer Signature

Date

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GREENFIELD RECREATION SUMMER CAMP LEADERSHIP-IN-TRAINING (LIT) APPLICATION 2026



PERSONAL INFORMATION

Name: _____ Nick Name: _____

Email: _____ Phone: _____

Age: _____ Grade: _____ School: _____

Have you ever attended Greenfield Recreation Discovery or Sizzler Summer Camp? Yes No
If so, year(s) attended: _____

Have you ever attended a different Summer Camp? Yes No
If so, where? _____ year(s) attended: _____

VOLUNTEER/ COMMUNITY SERVICE/ WORK EXPERIENCE

1. Organization: _____ Supervisor: _____
Phone: _____ Year: _____ Position: _____
Responsibilities: _____

2. Organization: _____ Supervisor: _____
Phone: _____ Year: _____ Position: _____
Responsibilities: _____

CAMP SKILLS/HOBBIES

Please check the box next to any skills or hobbies you have that could help you as a LIT.

- | | | | |
|--|--|--|---------------------------------|
| <input type="checkbox"/> Working w/ Children | <input type="checkbox"/> Drama/Skits | <input type="checkbox"/> Arts and crafts | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Working w/Adults | <input type="checkbox"/> Musical instruments | <input type="checkbox"/> Singing/Dancing | <input type="checkbox"/> Hiking |
| <input type="checkbox"/> Other _____ | | | |

Additional School Activities: _____

Are you currently certified in First Aid or CPR?

CPR: Yes Expiration: _____ No **First Aid:** Yes Expiration: _____ No

Do you have any other certifications that we should know about?

I certify that all information provided on this application is accurate and complete.

Applicant's Signature: _____ Date: _____