

## **Manhasset Great Neck EOC Summer Program Plan**

The 2026 Summer Program will run from July 6 to August 14, with staff training planned at the end of June. Breakfast, Lunch and an afternoon Snack will be provided.

**Staff will include:**

- 1 Summer Program Director
- 4 Head Counselors
- 4 Senior Counselors
- 4 Junior Counselors
- High School & other volunteers to provide additional support

The program will feature the following structure:

**A) Weekly Themes & Activities**

- Week 1: Welcome & Team Building
- Week 2: STEM Discovery Week
- Week 3: Arts & Creativity Week
- Week 4: Nature & Outdoor Adventures Week
- Week 5: Cultural Exploration Week
- Week 6: Talent Show Week & End-of-Camp Celebration

**B) Daily Schedule Highlights**

- Educational Enrichment: STEM projects, literacy-focused activities, and social-emotional skill-building.
- Arts & Crafts: Theme-aligned projects to foster creativity.
- Swimming: Structured water activities at Whitney Pond Park for all ages.
- Outdoor Play: Group games, sports, and team-building activities.
- Afternoon Enrichment: Featuring guest speakers, local artists, and youth empowerment programs.
- Talent Show Week: Campers will rehearse and prepare for the final showcase with performances, costumes, and awards.

**C) Community Authors Week will feature:**

- Interactive Storytime with guest authors
- Writing workshops focused on creating characters and building stories
- Poetry and spoken word activities
- Creative writing challenges designed to encourage self-expression
- A Showcase & Celebration where campers present their creative work

This initiative is designed to build literacy skills, improve communication, and foster a love of storytelling.

**D) Special Event Days**

To keep campers engaged and excited, the program will feature themed days such as:

- Water Wednesdays – Sprinklers, water relays, and slip 'n slides.
- Fun Fridays – Karaoke, movie afternoons, and themed dance parties.
- Wacky Wednesdays – Dress-up themes like Pajama Day or Crazy Hat Day.
- Fitness Fridays – Relay races, obstacle courses, and outdoor team-building activities.

### **Program Timeline**

- June 29 – July 2: Staff training
- July 6: Program launch
- August 14: Talent Show and Closing Celebration

**MANHASSET/GREAT NECK EOC**  
**SUMMER YOUTH PROGRAM**  
**REGISTRATION FORM**  
**2026**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender:  M  F Grade in September: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Business Phone/Cell Phone/or Pager: \_\_\_\_\_

Mother's E-Mail Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Business Phone/Cell Phone/or Pager: \_\_\_\_\_

Father's E-Mail Address: \_\_\_\_\_

Guardian's Name & Phone Number (if other than parent): \_\_\_\_\_

**ENROLLMENT SUMMER 2026**

Enroll my child for  6  5  4  3  2  1 weeks (please circle one)

What size t-shirt does your child wear? (please circle one)

Child's Medium (10-12) Child's Large (14-16) Adult Small Medium Large X-Large

**OTHER CHILDREN/ADULTS LIVING IN HOUSEHOLD:**

CHILD/ADULT	SEX	DOB	AGE	GRADE & SCHOOL
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## MEDICAL INFORMATION

Does your child have any food allergies? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any other allergies? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have any disabilities? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Does your child have nosebleeds? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, what method of treatment do you prefer?

- A. \_\_\_\_\_ Take to emergency room
- B. \_\_\_\_\_ Render first aid to stop bleeding

Does your child have any other medical conditions that we should know about? Please explain: \_\_\_\_\_

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Please list any medications that your child takes: \_\_\_\_\_

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## EMERGENCY INFORMATION

What is the best way to reach you in the event of any emergency? \_\_\_\_\_

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Child's Physician \_\_\_\_\_ Phone #: \_\_\_\_\_

If parents cannot be reached, please list 2 emergency contacts:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

*Which is the best way to reach this person?*      *Daytime Phone*      *Cell Phone*      *(Please circle one)*

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

*Which is the best way to reach this person?*      *Daytime Phone*      *Cell Phone*      *(Please circle one)*

## PARENT SURVEY

The Manhasset/Great Neck EOC Summer Program strives to be responsive to the interests of each family. Please take a few minutes to tell us about your child.

What does your child most enjoy? (Please specify by circling one or more of the following)

Team Sports

Arts & Crafts

Nature & the Outdoors

Individual Sports

Performing Arts

Swimming

Science & Technology

Academic Enrichment

Other (Please specify) \_\_\_\_\_

Does your child know how to swim? yes \_\_\_\_\_ no \_\_\_\_\_ At what level? \_\_\_\_\_

Has your child been to camp before? yes \_\_\_\_\_ no \_\_\_\_\_ Where? \_\_\_\_\_

Has your child attended the Manhasset/Great Neck EOC Summer Program before? yes \_\_\_\_\_ no \_\_\_\_\_

What school does your child attend? \_\_\_\_\_

Does your child have any special fears (dogs, dark, heights, etc.) \_\_\_\_\_

Did your child have any special difficulties in school or at home this year? yes \_\_\_\_\_ no \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What words would you use to describe your child (easy going, shy, outgoing, etc.)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child handle differences with his/her peers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your child like to be comforted? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ADDITIONAL COMMENTS

Please use this space (and the back of this form if necessary) to give us any additional information that would help us make your child's summer experience positive and enjoyable.

\_\_\_\_\_  
\_\_\_\_\_

## **DISCLAIMER FORM 2026**

Dear Parent/Guardian:

Please remember to write your child's name on all items brought to the Manhasset/Great Neck EOC Summer Program.

The Manhasset/Great Neck EOC is not responsible for lost items.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## MEDIA RELEASE FORM

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### **Publishing Permission:**

Permission is hereby granted to the Manhasset/Great Neck EOC to allow that any picture taken of my child be used in newspapers, displays, and/or bulletin boards around the Center or used in other types of educational publications or advertisements.

Permission is NOT granted to the Manhasset/Great Neck EOC to allow that any picture taken of my child be used in newspapers displays, and/or bulletin boards around the Center or in other types of educational publications or advertisements.

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### **Internet Permission:**

Permission is hereby granted to the Manhasset/Great Neck EOC to allow that any picture taken of my child be used on the agency's Facebook page and/or the agency website at [www.mgneoc.com](http://www.mgneoc.com).

Permission is NOT granted to the Manhasset/Great Neck EOC to allow that any picture taken of my child be used on the agency's Facebook page and/or the agency website at [www.mgneoc.com](http://www.mgneoc.com).

I will notify the Manhasset/Great Neck EOC immediately in writing if the information on this consent form changes. I understand that I can revoke the permissions herein granted at any time.

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Parent Name

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Parent Signature

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MGN EOC Staff Signature

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Date

**Manhasset Great Neck EOC Summer Program 2026**  
**Parental Attestation and Payment Agreement Form**

Program Dates: Monday, July 6th to Friday, August 14th (Six Weeks)

To ensure that our summer program is fully funded and can provide all planned activities including STEM, creative writing, tennis, swimming, and more each parent/guardian must acknowledge their financial responsibility and commit to one of the two payment plans outlined below.

**Parent/Guardian Attestation**

I, the undersigned parent/guardian, understand that my child(ren) must be fully paid for in order to participate in the Manhasset Greatness EOC Summer Program. I acknowledge that the cost of the program amounts to \$20 per day and that all payments must be completed before the program begins.

I agree to select one of the following payment plans:

- 1) Early Bird Payment Plan \$500 total. \$40.00 per week, beginning February 9<sup>th</sup>, ending on May 22<sup>nd</sup>. Full payment must be completed by May 22<sup>nd</sup> to receive the early bird discount.
- 2) Regular Payment Plan \$600 total. \$40.00 per week, beginning May 23<sup>rd</sup>, ending on June 19<sup>th</sup>. Full payment must be completed by June 19th.

I understand that failure to complete the payment in full by the deadline will result in my child being unable to attend the program.

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Child(ren) Name(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Agreement**

I agree to make timely payments according to the selected plan and acknowledge that all payments must be completed before the start of the program. I understand that this agreement is binding, and failure to meet the payment requirements will result in my child's ineligibility to participate.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this form along with the first installment payment during the week of February 9<sup>th</sup>

For questions, please contact Stephanie Chenault at 516.627.6385 or mgneoc@gmail.com

Thank you for supporting the Manhasset Great Neck EOC Summer Program!

**Manhasset Great Neck EOC Summer Program**  
**Parental Attestation and Agreement on Phone and Food Delivery Policy**

Program Dates: July 6th to August 14th, 2026

To ensure a productive and engaging environment for all participants in the Manhasset Great Neck EOC Summer Program, we have established the following policies regarding phone use and food delivery services:

**Phone Policy**

- 1) The use of phones during activity time and classroom sessions is strictly prohibited.  
If a child is seen using their phone during the program, the phone will be taken away and returned at the end of the day.

**Food Delivery Policy**

- 1) Youth are not permitted to arrange food deliveries (e.g., McDonalds, Burger King, or any other service) during lunch or any time they are attending summer camp.

These policies are in place to minimize distractions and ensure that all youth fully participate in the programs activities.

**Parent/Guardian Acknowledgment**

I, the undersigned parent/guardian, acknowledge and understand the following:

1. My child is not allowed to use their phone during activity time and classroom sessions, and if they are found using it, the phone will be confiscated and returned at the end of the day.
2. My child is not permitted to arrange food deliveries while attending the summer program.
3. I will discuss these policies with my child and ensure they understand the consequences of non-compliance.

**Parent/Guardian Information**

Parent/Guardian Name: \_\_\_\_\_

Childs Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Agreement Confirmation**

I agree to the above policies and understand that my child must comply with them while attending the Manhasset Great Neck EOC Summer Program.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For any questions, please contact Stephanie Chenault at 516.627.6385 or mgneoc@gmail.com

Thank you for your cooperation in maintaining a positive and focused summer program environment!