
GREENWICH HOUSE

27 Barrow Street, New York, NY 10014

212.242.4140 x263

Omar Amores, Program Director

oamores@greenwichhouse.org

SUMMER ARTS CAMP 2018

Welcome!

Greenwich House is pleased to be able to provide the Summer Arts Camp program in Greenwich Village, the heart of the art world. With a long history of providing arts programming to New York residents, we are proud to offer a Summer Arts Camp for young people ages 7-14 at our Barrow Street location. Young artists will have access to our Greenwich Village historic buildings, equipped with classrooms and studios, and receive instruction from our talented and creative staff. All levels are welcome—the only requirement is a sincere interest in the visual arts!

Students will work on collaborative and individual projects in disciplines such as architecture, painting and drawing, cartoon art, ceramics, printmaking, and animation. Students will learn to feel comfortable expressing themselves artistically and within a group setting. We will participate in critiques and learn how to present and exhibit our work.

Throughout the week, weather permitting, campers will take field trips to movie theatres, museums, galleries, parks, and neighborhood attractions. In the past, students have visited such places as the Museum of Art and Design, The Metropolitan Museum of Art, The Paley Center, The Whitney Museum, and The New York Hall of Science. Students will be supervised at all times by our qualified counselors. Campers will also have weekly water play once per week .

Counselor-in-Training (CIT) Program for Teens

Our oldest group of campers, aged 13 and 14, that are either entering or in high school will have the opportunity to work more independently from the younger campers. Teens will work in-depth on art projects, participate in counselor training workshops, and begin to learn how to supervise young campers. We hope to encourage maturity and independence in our oldest campers, and provide an environment for growth and self-discovery. Since space is limited, interested teens will be asked to apply for this program. A supplemental form is provided at the end of the registration form. (CIT'S must be entering high school the upcoming school year). I

Our Goal

Our goal is to provide campers with opportunities that build self-esteem through art and friendship. We also hope to provide campers with a variety of experiences to explore their artistic creativity and work collaboratively with other campers!

GREENWICH HOUSE SUMMER ARTS CAMP REGISTRATION FORM

(Please Print)

Today's date:

SUMMER SESSION SELECTION

(Please check all that apply)

JULY SESSION 1: (4 WEEKS)	<input type="checkbox"/>	Monday, July 2 – Friday, July 27, 2018 Camp Hours: 9:00am – 4:30pm		\$1750.00
AUGUST SESSION 2: (4 WEEKS)	<input type="checkbox"/>	Monday, July 30 – Friday, August 24, 2018 Camp Hours: 9:00am – 4:30pm		\$1750.00
INDIVIDUAL WEEKS:	<input type="checkbox"/>	Week 1: 7/2– 7/6 (NO CAMP WEDNESDAY, JULY 4TH)	\$400.00	\$450 per week
	<input type="checkbox"/>	Week 2: 7/9 – 7/13		
	<input type="checkbox"/>	Week 3: 7/16 – 7/20		
	<input type="checkbox"/>	Week 4: 7/23 – 7/27		
	<input type="checkbox"/>	Week 5: 7/30 – 8/3		
	<input type="checkbox"/>	Week 6: 8/6 –8/10		
	<input type="checkbox"/>	Week 7: 8/13 – 8/17		
	<input type="checkbox"/>	Week 8: 8/20 – 8/24		
EXTENDED DAY OPTIONS	<input type="checkbox"/>	Early Drop-off 8:15am – 8:45am		\$50 per week
	<input type="checkbox"/>	Extended Day 4:30pm – 6:00pm		\$50 per week

CAMPER INFORMATION

Camper's Last Name:			First:		Middle:				
School Name:									
Street Address:						Birth date:	Age:	Grade:	Sex:
						/ /		9/18	<input type="checkbox"/> M <input type="checkbox"/> F
City:		State:		Zip:					
Cell phone no.:									
Does your child have any medical or handicapping conditions including allergies?									

PARENT INFORMATION

Parent 1 Last Name:			First Name:			
Parent 1 Email Address:						
Street Address:						
City:			State:		Zip:	
Cell phone no.:		Work phone no.:		Home phone no.:		
Parent 2 Last Name:			First Name:			
Parent 2 Email Address:						
Street Address:						
City:			State:		Zip:	
Cell phone no.:		Work phone no.:		Home phone no.:		

PICK-UP INFORMATION

Name of authorized pick-up person:		Relationship to camper:		Cell phone no.:		Alt. phone no.:	
				()		()	
Name of authorized pick-up person:		Relationship to camper:		Cell phone no.:		Alt. phone no.:	

		()		()
Name of authorized pick-up person:	Relationship to camper:	Cell phone no.:		Alt. phone no.:
		()		()
Is your child allowed to go home alone?		<input type="checkbox"/> Y		<input type="checkbox"/> N
Parent/Guardian Signature: _____			Date: _____	
IN CASE OF EMERGENCY!				
Name of local friend or relative (not living at same address):	Relationship to camper	Home phone no.:		Work phone no.:
		()		()
CAMPER RELEASE				
I give permission for the staff of Greenwich House to provide or seek medical treatment in an emergency for my child.				
Parent/Guardian Signature: _____			Date: _____	
I give permission for Greenwich House to take photographs, film/video, and tape recordings of my child only for express use of Greenwich House in publicity and advertisements furthering the mission of the organization.				
Parent/Guardian Signature: _____			Date: _____	
ADDITIONAL INFORMATION				
Please describe your child?				
What is your child's previous art experience (school/camp/classes)?				
Does your child wish to be grouped with another camper in Summer Arts Camp? (We will try to accommodate but it is not guaranteed)				
Is there any other information about your child that you would like for us to know about such as special interests or talents, fears, school/social issues, etc.?				

Please return this application with a non-refundable \$200 deposit to:

**Greenwich House Summer Arts Camp
27 Barrow Street, 5th Floor
New York, NY 10014
Attn: Omar Amores, Program Director**

Please make checks out to: Greenwich House, Inc

GREENWICH HOUSE SUMMER ARTS CAMP
COUNSELOR-IN-TRAINING (CIT) SUPPLEMENTAL
APPLICATION

1. Please answer the questions below.
2. In addition to this supplemental form, please provide two letters of recommendation. One letter must be from a teacher, coach, or mentor. The second letter may be from a friend or relative.
3. If this is your first year applying, you must set up an interview with Omar. Please email or call once your form is submitted.

Today's date:

Why do you want to be a CIT?

What experience do you have working with younger children?

What extra-curricular activities are you involved in after school?

Why do you think you would be a good CIT?