Greenport Summer Day Camp

Is now accepting applications for the 2020 season
For ages (4, 5, 6) - (7, 8, 9) - (10, 11, 12)
Camp Schedule: Monday, June 29 – Friday, August 21
8:30 a.m. – 4:00 p.m.

8-week program – cost is $700.00 if paid by June 1, 2020
The total program cost is $800 if paid after June 1, 2020

Extended hours (of 8:00 a.m. - 5:00 p.m.) are available
at an additional cost of $10.00 per day
Applications are available Monday – Friday
from 11:00 a.m. – 5:00 p.m. at The Recreation Center
612 Third Street, Greenport
or on-line at: www.villageofgreenport.org

Payment plans are available.
Total balance must be paid by June 22, 2020.

Program Includes:
Beach Activities, Carousel, Field Trips, Tennis, Foosball, Basketball Games, Family Picnic, Library Program,
Hula Hoop, Bike Rodeo, Tournaments, Kickball, Volleyball,
Talent Show, Fashion Show, Carnival and lots more!

Summer Day Camp Phone #: (631) 477-1133
Village of Greenport Recreation Program
612 Third Street Greenport N.Y. 11944
Mailing address for correspondence
236 Third Street, Greenport, N.Y. 11944
631-477-1133

Child’s Name__________________________________ Sex _______ Birthdate__________

School______________________________________ Age__________ Grade___________

Home Address_________________________________________________________________

Home Phone Number________________________________________________________________

Parents’/Guardian Information:

Mother’s Name__________________________________________

Phone Number during program hours__________________________

Place of business_________________________ Phone Number_____________________

Cell Phone Number__________________________________________

Father’s Name__________________________________________

Phone number during program hours__________________________
Place of business ____________________ Phone Number ________________

Cell Phone Number ________________________________________________

Emergency Contacts- Designated persons for pick up of your child

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<th>Name</th>
<th>Relationship</th>
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AGREEMENTS

1- I (we) _______________________ parents/ guardian of ______________________ give permission for emergency medical treatment. I (We) assume full financial responsibility for any treatment given my child and will not hold the Village of Greenport, the director or staff responsible for any unforeseen accident.

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

3- I (We) agree to update medical and other information as changes occur.

4- I (We) give permission for any field trips, for example, to the Library, School, Carousel, Beach, etc.

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

6- I (We) understand that I (We) (are) obligated to notify the center if I (We) wish to withdraw my (Our) child.

7- I (we) recognize that it is my (Our) responsibility to remit payment to the Center immediately when due.

8- I (We) agree to pay an application fee of $100.00 to reserve a space until June 29, 2020 *This deposit will cover the first week of Summer Camp. The application fee is refundable only up until the date Summer Camp begins.

Parent/Guardian: _____________________________________________

Date ________________________________
Greenport Camp Program
Disciplinary Protocol

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

Bullying/Threatening: Parental Contact One Day Suspension.

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

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

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

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

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

Verbally abusing, Pushing or Hitting any Staff Member: Parental Contact, Immediate Suspension (same day if possible) plus one more day.

No cell phones or any other electronic devices are allowed at the program. Anyone in possession of these devices will have them confiscated to be returned to the parent at the close of day.

All minor infractions will be handled within the group.

__________________________________________  Group _____________________________

Child Name ____________________________ Parent/Guardian Signature ____________________________

Date ____________________________
Village of Greenport Recreation Center

631-477-1133

Health Report For: __________________________ First Name__________________________ Birthdate____ Sex____

Home Address: ________________________________________________________________

Phone________________________

Healthy History: (Check giving approximate dates)

Ear Infections __________________________ Hay Fever__________________________ Chicken Pox____________

Rheumatic Fever_____________________ Poison Ivy__________________________ Measles________________

Convulsion________________________ Insect Stings__________________________ German Measles___________

Diabetic_________________________ Penicillin__________________________ Mumps____________________

Asthma__________________________

Behavior Problems________________________

Medications________________________ dosage______________________________

Times/day: am/pm__________________________

Contagious Illnesses________________________

Operation/Serious Injuries________________________

Hospitalization________________________

Activity Restrictions________________________

Appliances Worn (glasses, contacts, Etc)________________________

Parents/Guardians __________________________ Date________________________
Greenport Summer Day Camp-Physical Examination

Must be filled out by a Licensed physician

IMMUNIZATION HISTORY- This is a record of the dates of basic Immunization and most recent booster.

Diptheria Date_____________ Date_____________ Date_____________ Date_____________
Haemophilus influenza type B Date_____________ Date_____________ Date_____________ Date_____________
Hepatitis B Date_____________ Date_____________ Date_____________ Date_____________
Measles/Mumps/Rubella Date_____________ Date_____________ Date_____________ Date_____________
Poliomyelitis Date_____________ Date_____________ Date_____________ Date_____________
Tetanus Date_____________
Varicella/Chicken Pox Date_____________ Date_____________

EXAMINATION

General Appearance__________________________
Height__________________ Weight____________ Blood Pressure__________ Posture and Spine__________

Throat/tonsils_________ Eyes____________ Vision__________ With Glasses__________ Heart__________

Extremeties___________ Ears____________ Hearing__________ Feet__________ Lungs__________

Lungs______________ Skin____________ Nose__________ Teeth__________ Abdomen__________

Neurological Findings_______________________

Allergy (specify)____________________________

Recommendations/restrictions for Camp____________________________

Special diet______________________________

Medications_________________________ MG_____________ Times A Day__________ AM/PM__________

General Appraisal__________________________

I have examined the person herein described reviewed his/her health history and have found him/her physically able to engage in Day Camp activities except as noted above.

Examiner (Signature)________________________ Examinee (Please Print)________________________

Date_____________ Telephone_____________ Address________________________