



236 THIRD STREET  
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## 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](http://www.villageofgreenport.org)**

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

**Program Includes:**  
Beach Activities, Carousel, Field Trips, Tennis, Foos-  
Ball, 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**

<u>Name</u>	<u>Relationship</u>	<u>Phone Number</u>
1. _____		
2. _____		
3. _____		

**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.**

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**Child Name** \_\_\_\_\_ **Group** \_\_\_\_\_

**Parent/Guardian Signiture** \_\_\_\_\_

**Date** \_\_\_\_\_





## Village of Greenport Recreation Center

631-477-1133

Health Report For:

(Permit #85124)

Child's last Name \_\_\_\_\_ 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.**

**Diphtheria** 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** \_\_\_\_\_

**Extremities** \_\_\_\_\_ **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.

**Examining Physician (Signature)** \_\_\_\_\_ **Examining Physician (Please Print)** \_\_\_\_\_

**Date** \_\_\_\_\_ **Telephone** \_\_\_\_\_ **Address** \_\_\_\_\_