



Summer Day Camp 2025

When: June 30 to August 22, 2025 from 8:30 a.m. to 4:00 p.m.

Extended hours: 8:00 a.m. to 5:00 p.m.

Where: The Village of Greenport Recreation Center

612 Third Street, Greenport, NY 11944

631-477-1133

The Village of Greenport is now accepting applications for the 2025 Summer Day Camp for children ages 4-12.

Applications are available on the Village website: www.villageofgreenport.org or can be picked up Monday through Friday between the hours of 9:00 a.m. and 4:00 p.m. at Village Hall: 236 Third Street, Greenport.

Camp Fees:

- 8-week Summer Day Camp cost per child: \$1,120.00
- Pay in full by June 2, 2025 to receive \$100.00 DISCOUNT
- Minimum deposit of \$140.00 required with application (deposit is applied to 5-days of camp).
- Payment plans available, please call for more information: 631-477-1133
- Extended morning hours: 8:00 a.m. drop off \$10.00 additional
- Extended afternoon hours: 5:00 p.m. pick-up \$10.00 additional
- Checks must be made payable to the ***Village of Greenport.***



Greenport Summer Day Camp Application

Child Information:

Child's Name _____

DOB _____ Grade _____ Gender: _____

Home Address _____

Parent/Guardian Information:

Parent/Guardian Name #1: _____

Phone number during camp hours _____

Work Address _____ Work Phone _____

Cell _____

Parent/Guardian Name #2: _____

Phone number during camp hours _____

Work Address _____ Work Phone _____

Cell _____

Emergency Contacts and/or Additional Designated Persons for Pick Up:

| Name | Relationship | Phone # |
|------|--------------|---------|
|------|--------------|---------|

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| 1. | _____ | _____ |
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| 2. | _____ | _____ |
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| 3. | _____ | _____ |
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| 4. | _____ | _____ |
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Greenport Summer Day Camp Agreement

1. I (We) _____parent(s)/guardian(s) 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) (am/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 Village of Greenport Recreation Center immediately when due.
8. I (We) agree to pay an application fee of \$140.00 to reserve a space until June 20, 2025. This deposit will cover five (5) days of Summer Camp. *The application fee is refundable only up until the date Summer Camp begins.*

Parent/Guardian Signature:

Parent/Guardian (please print): _____

Date: _____



Greenport Summer Day Camp Medical Questionnaire
To be filled out by parent/guardian

Health Report For: _____ **(Permit #85124)**

Child's Last Name _____ First Name _____

Birthdate _____ Gender _____

Home Address: _____

Phone _____

Health 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 Issues _____

Medications _____ dosage _____ Times/day: am/pm _____

Contagious Illnesses _____

Operation/Serious Injuries _____ Hospitalizations _____

Activity Restrictions _____

Appliances Worn (glasses, contacts, etc.) _____

Parent/Guardian Signature _____

Parent/Guardian Name (please print) _____ 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(s).

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 _____

Skin _____ Nose _____ Teeth _____

Abdomen _____

Neurological

Findings _____

Allergy (specify) _____

Recommendations/restrictions for
Camp _____

Special diet _____

Medications/dosage _____

Times per day _____ a.m./p.m. _____

General

Appraisal _____

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

Examining Physician (Signature) _____

Examining Physician (please print) _____

Date _____ Telephone _____

Address _____