



Summer Day Camp 2026

When: June 29 to August 21, 2026 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
2026 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 per child if paid in full: \$2,000.00
- Weekly rate per child: \$250.00
- Daily rate per child: \$50.00
- Minimum deposit of \$250.00 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 \$20.00 additional
- Extended afternoon hours: 5:00 p.m. pick-up \$20.00 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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| 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 \$250.00 to reserve a space until June 29, 2026. This deposit will cover five (5) days of Summer Camp.

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_____