



236 THIRD STREET
GREENPORT NY 11944

Tel: (631) 477-0248
Fax: (631) 477-1877

MAYOR
GEORGE W. HUBBARD, JR.
Ext. 215

TRUSTEES
JACK MARTILOTTA
DEPUTY MAYOR
PETER CLARKE
MARY BESS PHILLIPS
JULIA ROBINS

VILLAGE ADMINISTRATOR
PAUL J. PALLAS, P.E.
Ext. 219

CLERK
SYLVIA PIRILLO, RMC
Ext. 206

TREASURER
ROBERT BRANDT
Ext. 217

Greenport Summer Day Camp

**Is now accepting applications for the 2021 season
For ages (4, 5, 6) - (7, 8, 9) - (10, 11, 12)
Camp Schedule: Monday, June 28 – Friday, August 20
8:30 a.m. – 4:00 p.m.**

**8-week program – cost is \$700.00 if paid by
June 1, 2021
The total program cost is \$ 800 if paid after June 1,2021**

**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 Village Hall
236 Third Street, Greenport
or on-line at: www.villageofgreenport.org**

**Payment plans are available.
Total balance must be paid by June 22, 2021.
Please make checks payable to The Village of Greenport**

Summer Day Camp Phone #: (631) 477-1133

**The Village of Greenport strictly adheres to the COVID-19
guidelines and directives in force, from both the
Governor's Office, and Suffolk County.**



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 28, 2021. This deposit will cover the five days 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.

Child Name _____ Group _____

Parent/Guardian Signature _____

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** _____