



236 THIRD STREET  
GREENPORT, NY 11944

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**MAYOR**  
GEORGE W. HUBBARD, JR.  
EXT. 215

**TRUSTEES**  
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DEPUTY MAYOR  
  
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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 2022 season  
For ages (4, 5, 6) - (7, 8, 9) - (10, 11, 12)  
Camp Schedule: Monday, June 27 - Friday, August 19  
8:30 a.m. - 4:00 p.m.**

**8-week program - cost is \$700.00 if paid by  
June 1, 2022  
The total program cost is \$800 if paid after June 1, 2022**

**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](http://www.villageofgreenport.org)**

**Payment plans are available.  
Total balance must be paid by June 22, 2022.  
Please make checks payable to: The Village of Greenport**

**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 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 \_\_\_\_\_



**Village of Greenport Recreation Center**

**631-477-1133**

**Health Report For:**

**(Permit #85124)**

Child's last Name \_\_\_\_\_ First Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex \_\_\_\_\_

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 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 \_\_\_\_\_



**Greenport Summer Day Camp**

**Disciplinary Protocol**

The Village of Greenport has a zero tolerance policy. We expect our campers 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 and one day suspension.

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

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

**Horseplay that potentially endangers others:** Parental Contact and, 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, and one day of suspension.

**Verbally abusing, pushing or hitting any staff member or camper:** Parental Contact, and two days suspension.

All minor infractions will be handled by the Recreation Supervisor and/or Program Coordinator.

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**Child's Name** \_\_\_\_\_

**Parent/Guardian's**

**Signature** \_\_\_\_\_

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