

BUCHANAN DAY CAMP

For children entering K through 8th grade!

Camp season is quickly approaching (registration begins February 1) and I'd like to give you a preview of some of our events for this year.

- **SWIM LESSONS EVERY DAY**
- **SUPER SOCCER STARS** (included in camp tuition weeks 1, 3 & 5)
- **KARATE** Every Week Go No Sen teaches the art of Karate.
- **LEGO PLAY CLUB**
- **ANIMAL EMBASSY** will bring their wonderful exhibit of furry little creatures.
- **WATER SLIDE**
- **HOT DOG DAY**
- **CARNIVAL DAY**
- **PIZZA DAY**
- **EMERGENCY VEHICLE DAY**
- **OTHER FUN ACTIVITIES TBA**

Other fun events will be happening throughout the 6 weeks of camp so hop on board and register today! 😊

- 10% Sibling Discount.
- **After Camp Care** *3:00 PM-6:00 PM pre-register, pre-pay program. See attached flyer for more information.
- Additional private or group swim lessons available after camp hours.
- Pool Parties available too, after camp hours and on weekends.

Nancy Bayer - Recreation Supervisor
recreationdept@villageofbuchanan.com
914-293-8391

BUCHANAN DAY CAMP REGISTRATION! 2017

10% SIBLING DISCOUNT!

Dear Parents,

Registration for the **Buchanan Day Camp** starts on Monday, February 1, 2017. You can mail your camp registration in or drop it off at the Village Hall, Monday to Friday between the hours of 8:30 and 4:30. If you need a camp registration form, please either pick one up in the Village Hall, download off of the website at www.villageofbuchanan.com, call me at 293-8391 or email me at recreationdept@villageofbuchanan.com and I will send one to you.

Camp will run in two – three week sessions. The first session begins on Monday, June 26, to Friday, July 14, (**No camp Tuesday, July 4**). The second session begins on Monday, July 17 to Friday, August 4. Camp hours: **9:00 AM to 3:00 PM**. You may register your child/children for one or both sessions or individual weeks. Minimum of three weeks is required. You may add additional weeks at one week or two week increments.

The camp fee for **Buchanan Day Camp** is:

RESIDENT: One who resides within the Village of Buchanan (Zip Code 10511)

\$285 per session OR \$520 for both sessions (if paid in full before June 1st)

Siblings: take \$28.50 off one session or \$52 off both sessions

AFTER MAY 31ST \$305 per session OR \$540 for both sessions

Siblings: take \$30.50 off one session or \$54 off both sessions

NON-RESIDENT: \$435 per session OR \$820 for both sessions (if paid in full before June 1st)

Siblings: take \$43.50 off one session or \$82 off both sessions

AFTER MAY 31ST \$455 per session OR \$840 for both sessions

Siblings: take \$45.50 off one session or \$84 off both sessions

Siblings are considered second, third or fourth child of the same parent/s. Birth certificates required. There are NO refunds. After May 31st, there is a \$10 fee for switching or cancelling weeks. Please make checks payable to The Village of Buchanan OR you may pay with cash at the Village Hall, Recreation department. No Credit or Debit cards. Returned check fee \$50.00.

**** RESIDENTS ONLY: PLEASE REMEMBER TWO (2) PROOFS OF RESIDENCY ARE REQUIRED. VALID DRIVERS LICENSE, MAIL, BILL, ETC ARE ACCEPTABLE.**

If you choose to mail in your child's registration form with payment, you MUST include 2 copies of proof of residency.

Registration is on a first come, first serve basis. Payment must accompany registration in order to reserve a place for your child/children. Split payments allowed, please speak with Nancy. All incomplete card/s will be returned to you and your child's spot will **not be held**. Enrollment is limited. All Cards must be filled out completely.

**Westchester County Health Department mandates that ALL medical information must be completed on each child's card, by parent or guardian. *INCOMPLETED CARDS WILL NOT BE ACCEPTED*

Sincerely,

Nancy Bayer, Recreation Supervisor

OFFICE USE ONLY
SESSION _____
CK # _____
\$ _____
DATE: _____

Village of Buchanan Day Camp Registration Form 2017

OFFICE USE ONLY
BALANCE DUE _____
CK # _____
\$ _____
DATE: _____

Registration will ONLY be accepted if ALL the following information is complete.

Campers **First Name:** _____ **Last Name:** _____ Male _____ Female _____

Address: _____

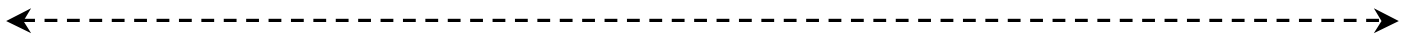
Home Phone: _____ Cell Phone: _____

Campers Date of Birth: _____ **Age as of June 26, 2017:** _____

Grade Entering in September 2017: _____

Parent/Guardian's Name: _____

****Parent/Guardian's email address:** _____



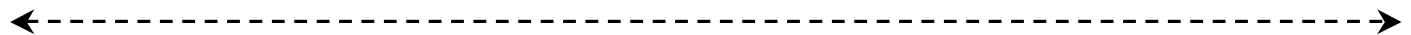
EMERGENCY CONTACT INFORMATION (2 REQUIRED) *In addition to parents/guardians*

In the event of an emergency, we MUST be able to contact someone who can pick up your child within 15 minutes. Only list those who are in the immediate Town Of Cortlandt area.

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



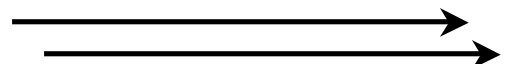
Session: First **Second** **Both** **OR, Individual Weeks** (minimum of 3) please circle each week you want.
 6/26-7/14 7/17-8/4 6/26-8/4 *There is a \$10 fee for switching or cancelling weeks after May 31st.

June 26-30 **July 3-7** **July 10-14** **July 17-21** **July 24-28** **July 31- August 4**
 no camp 7/4

To the best of your knowledge will your child be attending Summer School? Yes No
All children who enroll in Summer School will receive swim lessons at some point during the camp day.



CONTINUED ON REVERSE SIDE



MEDICAL HISTORY – IMMUNIZATION RECORD (REQUIRED BY LAW)

***A print out of your child’s immunization record, from your doctor, is acceptable. This must be attached to this registration form.**

DOCTOR’S NAME: _____

DOCTOR’S PHONE: _____

Please list any allergies, medical concerns, special diets or activity restrictions that we need to be aware of:

BY LAW ALL MEDICATIONS MUST BE ACCOMPANIED BY A DOCTOR’S NOTE ***

Please list all that apply.

Asthma Inhalers: Type _____ Frequency of Use _____

Medications: Type _____ Frequency of Use _____

Epi-Pen: Type _____ Frequency of Use _____

Other: _____

CHILDHOOD ILLNESS – Please indicate **If and When your child has had any of these illnesses:**

Chicken Pox _____ Diphtheria _____ Measles _____

Mumps _____ Scarlet Fever _____ Seizures _____

MEDICAL INSURANCE INFORMATION:

Medical Insurance Company Name: _____

Policy Number _____

Holders Name _____

*Village of Buchanan Day Camp is regulated by the Westchester County Department of Health. A copy of their “Health Code” for summer camps is available online at www.westchestergov.com/health/camps.htm this code is established for the safety of your child. **If the Village of Buchanan registration form is not filled out completely, the Dept. of Health states we must deny entry into the camp.***

I give permission for my child to participate in the Village of Buchanan Day Camp for the 2017 season. In the event of an accident/injury/emergency, I give permission for my child to be taken to the nearest hospital for treatment. This treatment may include: X-Rays, evaluation and treatment and other medical care. I understand that every attempt will be taken to reach me before taking my child to the hospital.

PARENT/GUARDIAN SIGNATURE _____

DATE _____

VILLAGE OF BUCHANAN DAY CAMP

All Permissions following are for:
Please print clearly

Child's Name _____.

Group Name _____.

Dismissal Permission Slip

At the end of the camp day my child will be picked up by:

Name _____.

In the event of an emergency, the following people have permission to pick up my child from camp:

Name _____ Phone: _____.

Name _____ Phone: _____.

Name _____ Phone: _____.

Parent/Guardian's Signature _____ Date _____

*** Special Note: your child MUST be "checked out" with the Senior counselor. The person responsible for pick up MUST alert the counselor and they MUST sign out the child on the attendance sheet. **Please return this form to the Senior Counselor on the first day of camp.*

Swim Permission Slip

As per a Board of Health requirement, a signed permission slip must be turned in on the first day of camp in order for your child to participate in our swim program. As you know, we will be assessing the swim abilities of every camper within the first 2 days of camp. This is for their safety. This is for both swim lessons and free swim. Our campers who are attending summer school, evaluations will take place in the afternoon. All campers will be given lessons in the morning by our WSI and by trained Lifeguard staff.

I agree to allow my child to take swim lessons and attend free swim in the afternoon at the Village of Buchanan Day Camp – Pool.

Parents Signature _____ Date _____.

Sunscreen Permission Slip

*I consent to allow the Village of Buchanan Day Camp Staff to help apply **Spray** sunscreen that I have provided to my child during camp hours if requested by my child.*

Parent/Guardian's Signature _____ Date _____.

Permission for your Childs picture to be taken throughout camp.

VOB Facebook? YES _____ NO _____

Nancy's Facebook? YES _____ NO _____

AFTER CAMP CARE

BUCHANAN RECREATION DEPARTMENT
914-293-8391

The Recreation Department is offering an After Camp Care program available to all campers who attend the Village of Buchanan Day Camp.

This program is offered from 3:00 p.m. – 6:00 p.m.
Monday thru Friday.

This program will include rest/movie time and
Swim time at the pool.

Fee:
\$130 per week
or
\$30 per day

After Camp Care fees must be paid in advance
and are non-refundable.

Make checks payable to The Village of Buchanan **OR** you may pay with cash at the
Village Hall, Recreation department, 2nd floor.
No Credit or Debit cards.

Registration form on reverse side



OFFICE USE ONLY

Week/days _____

CK # _____

\$ _____

DATE: _____

Village of Buchanan Recreation

After Camp Care

Registration Form 2017

OFFICE USE ONLY

Week/days _____

CK # _____

\$ _____

DATE: _____

Registration will ONLY be accepted if ALL the following information is complete.

Child's First Name: _____ **Last Name:** _____ Male _____ Female _____

Child's Date of Birth: _____ Child's age as of June 26th, 2017 _____

Address: _____

Home Phone: _____ Cell Phone: _____

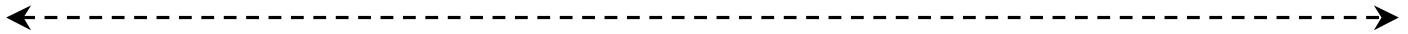
Parent/Guardian's Name: _____

Parent/Guardian's **email** address: _____

Session/Weeks your child is attending camp _____

Weeks or days you would like After Camp Care: _____

Amount enclosed _____



EMERGENCY CONTACT INFORMATION (2 REQUIRED) *In addition to parents/guardians*

In the event of an emergency, we **MUST** be able to contact someone who can pick up your child within **15** minutes. Only list those who are in the **immediate** Town Of Cortlandt area.

Name: _____ Phone: _____

Name: _____ Phone: _____

I give permission for my child to participate in the After Camp Care for the 2017 season. I understand this may include movies and swimming. In the event of an accident/injury/emergency, I give permission for my child to be taken to the nearest hospital for treatment. This treatment may include: X-Rays, evaluation and treatment and other medical care. I understand that every attempt will be taken to reach me before taking my child to the hospital.

PARENT/GUARDIAN SIGNATURE _____

DATE: _____