

BUCHANAN DAY CAMP REGISTRATION! 2019

10% SIBLING DISCOUNT!

Dear Parents,

Registration for the **Buchanan Day Camp** starts on Monday, February 1, 2019. 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 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, July 1, to Friday, July 19, (**No camp Thursday, July 4th**). The second session begins on Monday, July 22 to Friday, August 9. 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, if space is available.

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 \$325 per session OR \$560 for both sessions

Siblings: take \$32.50 off one session or \$56 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 \$475 per session OR \$860 for both sessions

Siblings: take \$47.50 off one session or \$86 off both sessions

Siblings are considered second, third or fourth child of the same parent/s. Birth certificates required. There are **NO** refunds. In addition, after May 31st, there is a \$40 fee for switching or cancelling weeks.

Please make checks payable to The Village of Buchanan OR you may pay with cash (Exact Change) 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 _____
WEEKS _____
CK # _____
AMOUNT _____
DATE: _____

Village of Buchanan Day Camp Registration Form 2019

OFFICE USE ONLY
BALANCE DUE _____
CK # _____
AMOUNT _____
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 July 1, 2019: _____

Grade Entering in September 2019: _____

BOTH Parent/Guardian Names: _____

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



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.
 7/1 - 7/19 8/22 - 8/9 7/1 - 8/9 ***There is a \$40 fee for switching or cancelling weeks after May 31st.**

Individual weeks:
Week 1 **Week 2** **Week 3** **Week 4** **Week 5** **Week 6**
 July 1-5 July 8-12 July 15-19 July 22-26 July 29-Aug 2 Aug 5-9
 no camp 7/4

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. 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 _____

VILLAGE OF BUCHANAN DAY CAMP

**All Permissions following are for:
ALL 4 MUST BE SIGNED AND DATED.**

Child's Name _____.

Grade Entering: K 1st 2nd 3rd 4th 5th 6th 7th 8th

Dismissal Permission Slip

At the end of the camp day my child will be picked up by: Please list ALL people who will be picking up your child at any possible time throughout the camp season.

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. Photo ID required for all who pick up!**

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/ Bug Spray Permission Slip

I consent to allow the Village of Buchanan Day Camp Staff to help apply Spray sunscreen or Spray bug spray, 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. (I seldom post)

Day camp Group Picture? YES _____ NO _____ VOB Facebook? YES _____ NO _____

Parents Signature _____ Date _____.

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/snack (you provide), 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 (Exact Change) 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 2019

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: _____ (age ____) Child's grade entering fall 2019 _____

Address: _____

Home Phone: _____ Cell Phone: Mom _____ Dad _____

BOTH 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 _____



Dismissal Permission Slip For After Camp

At the end of After Camp my child will be picked up by: Please list all people who will be picking up your child.

Name _____

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

Name _____ Phone: _____

Name _____ Phone: _____

Parent/Guardian's Signature _____ Date _____

I give permission for my child to participate in the After Camp Care for the 2019 season. I understand this may include movies, use of the playground area 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 _____