

# BUCHANAN DAY CAMP



For children entering K through 8<sup>th</sup> grade!

914-293-8391

Camp season is quickly approaching registration begins February 1<sup>st</sup>.  
Here is a preview of some of our events for this year.

- **SWIM LESSONS EVERY DAY** 
- **SUPER SOCCER STARS**  (included in camp tuition weeks 2, 4 & 5)
- **ANIMAL EMBASSY** will bring their wonderful exhibit of furry little creatures.
- **LEGO / HESS TRUCK PLAY CLUB**
- **KARATE**  Every Week Go No Sen teaches the art of Karate.
- **HOT DOG DAY**  **PIZZA DAY**  **S'MORE DAY**
- **WATER SLIDES** 
- **EMERGENCY VEHICLE DAY** 
- **CARNIVAL DAY** 
- **LET'S MAKE A DEAL DAY**
- **OTHER FUN ACTIVITIES TBA**

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

- **After Camp Care** \*3:00 PM-6:00 PM pre-register, pre-pay program.
- 10% Sibling Discount on camp (not offered on After Camp Care).
- Additional private or group swim lessons available after camp hours.
- Pool Parties available, after camp hours and on weekends, grills available.

Please visit [www.villageofbuchanan.com](http://www.villageofbuchanan.com) and look under Community Bulletin Board for more information and Campers Registration Packet.

Nancy Bayer - Recreation Supervisor - 914-293-8391  
[recreationdept@villageofbuchanan.com](mailto:recreationdept@villageofbuchanan.com)

# 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](http://www.villageofbuchanan.com), call me at 293-8391 or email me at [recreationdept@villageofbuchanan.com](mailto: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 4<sup>th</sup>**). 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 1<sup>st</sup>)

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

**AFTER MAY 31<sup>ST</sup>** \$325 per session OR \$560 for both sessions

Siblings: take \$32.50 off one session or \$56 off both sessions

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

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

**AFTER MAY 31<sup>ST</sup>** \$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 31<sup>st</sup>, 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 31<sup>st</sup>.**

**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](http://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    1<sup>st</sup>    2<sup>nd</sup>    3<sup>rd</sup>    4<sup>th</sup>    5<sup>th</sup>    6<sup>th</sup>    7<sup>th</sup>    8<sup>th</sup>

## **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, 2<sup>nd</sup> floor.

No Credit or Debit cards.

**Registration form on reverse side**



OFFICE USE ONLY

Week/days \_\_\_\_\_

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CK # \_\_\_\_\_

\$ \_\_\_\_\_

DATE: \_\_\_\_\_

# Village of Buchanan Recreation

## After Camp Care

### Registration Form 2019

OFFICE USE ONLY

Week/days \_\_\_\_\_

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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 \_\_\_\_\_