

BUCHANAN DAY CAMP REGISTRATION! 2020

10% SIBLING DISCOUNT!

Dear Parents,

Registration for the **Buchanan Day Camp** starts on Monday, February 3, 2020. 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 is 6 weeks starting June 29 and ending August 7. Minimum of three weeks is required. Camp hours: **9:00 AM to 3:00 PM**. After Camp hours: 3:00 PM to 6:00 PM.

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

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

<u>IF PAID IN FULL BEFORE JUNE 1ST</u>	3 wks = \$285	4 wks = \$380	5 wks = \$475	6 wks = \$520
Sibling discount:	3 wks = \$ 256	4 wks = \$342	5 wks = \$427	6 wks = \$468
<u>AFTER MAY 31ST</u>	3 wks = \$325	4 wks = \$433	5 wks = \$541	6 wks = \$560
Sibling discount:	3 wks = \$ 293	4 wks = \$390	5 wks = \$487	6 wks = \$504

NON-RESIDENT:

<u>IF PAID IN FULL BEFORE JUNE 1ST</u>	3 wks = \$435	4 wks = \$580	5 wks = \$725	6 wks = \$820
Sibling discount:	3 wks = \$ 392	4 wks = \$522	5 wks = \$653	6 wks = \$738
<u>AFTER MAY 31ST</u>	3 wks = \$475	4 wks = \$633	5 wks = \$791	6 wks = \$860
Sibling discount:	3 wks = \$ 428	4 wks = \$570	5 wks = \$712	6 wks = \$774

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. **Credit cards accepted with an additional 3.5% fee.**

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 2020*

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 June 29, 2020:** _____

Grade Entering in September 2020: _____

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:** _____

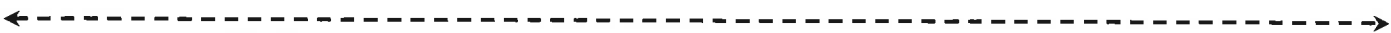
Name: _____ **Phone:** _____



Camp weeks are: Circle each week you want (a minimum of 3) *There is a \$40 fee for switching or cancelling weeks after May 31st.

Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
June 29-July 3	July 6-10	July 13-17	July 20-24	July 27- 31	Aug 3-7
<small>no camp 7/3</small>					

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)

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 VACCINES** – Please attach an **updated IMMUNIZATION** record. Physical not needed, only immunization record.

***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:

Child's Name _____

Parents Signature _____ *Date:* _____

Grade Entering Fall 2020: *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:* _____

**** 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. 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. 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.



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.*



Permission for your Childs picture to be taken throughout camp. (I seldom post)

Day camp Group Picture? YES _____ NO _____ *VOB 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/snack (you provide), movie time, park 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.

THERE IS A LATE FEE OF \$15 FOR ANY CHILD NOT PICKED UP BY 6:05

Make checks payable to The Village of Buchanan OR you may pay with cash (Exact Change) at the Village Hall.

Credit cards accepted with a 3.5% fee.

After Camp number in case of emergency 914-737-3668

Registration form on reverse side



Village of Buchanan Recreation After Camp Care Registration Form 2020

OFFICE USE ONLY

Week/days _____

CK # _____

\$ _____

DATE: _____

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 2020 _____

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 _____