

BUCHANAN DAY CAMP

June 26 to August 4, 2023

For children entering K through 8th grade!

10% Sibling Discount on camp. *After Camp options available.

914-293-8391

**** ALL REGISTRATION FORMS FOUND ON
LINE AT WWW.VILLAGEOFBUCHANAN.COM**

Registration begins **February 27th** for **BUCHANAN** Residents.
All Non-Residents, registration begins **March 7th**.

Here is a preview of some of our events for this year.

- **SWIM LESSONS** 
- **SWIM TIME IN THE AFTERNOONS**
- **ART PROJECTS**
- **SPORTS –GRADE APPROPRIATE**
- **LEGO / HESS TRUCK PLAY CLUB (COVID permitting)**
- **SPECIAL FOOD DAYS**  --  **and MORE DAYS!**
- **FIRE DEPARTMENT WATER DAY'S** 
- **CARNIVAL DAY/WEEK** 
- **LET'S MAKE A DEAL DAY (every group has a blast with this)**
- **OTHER FUN ACTIVITIES TBA**
- **AFTER CARE ALSO AVAILABLE 3-6**

Please visit www.villageofbuchanan.com and look under Departments/Recreation for more information and Campers Registration Packet.

Nancy Bayer - Recreation Supervisor
recreationdept@villageofbuchanan.com

BUCHANAN DAY CAMP REGISTRATION! 2023

10% SIBLING DISCOUNT!

Camp is 6 weeks starting June 26 and ending August 4. Camp hours: 9:00 AM to 3:00 PM.

*After Camp program offered, 3 PM to 6 PM *No camp Tuesday, July 4.

The camp fee for Buchanan Day Camp is:

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

3 weeks = \$315 6 weeks = \$578

Sibling discount: 3 weeks = \$ 284 6 weeks = \$520

NON-RESIDENT:

3 weeks = \$483 6 weeks = \$914

Sibling discount: 3 weeks = \$ 435 6 weeks = \$822

Siblings are considered second, third or fourth child of the same parent/s. Birth certificates required.

There are NO refunds.

***Full payment is due with registration. Check, money order or New this year * pay online at www.villageofbuchanan.com , no cash!**

**** Also new this year:**

For your convenience, Buchanan has a drop box located at the back entrance to Village Hall. You may put your sealed envelope with camp registration papers and check, in this GREY box located on the wall next to the back door. Do NOT put it in the US MAIL BOX.

Please make checks or money orders payable to The Village of Buchanan.

Registration is on a first come, first serve basis. **Payment (including on line payments) and Registration must** be turned in on the same day in order to reserve a place for your child/children. Enrollment is limited. All forms must be filled out completely.

**** RESIDENTS ONLY: PLEASE REMEMBER TWO (2) PROOFS OF RESIDENCY ARE REQUIRED.**

VALID DRIVERS LICENSE, MAIL, BILL, ETC ARE ACCEPTABLE.

****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

recreationdept@villageofbuchanan.com

914-293-8391

OFFICE USE ONLY

SESSION

PAYMENT

AMOUNT

DATE:

Village of Buchanan Day Camp Registration Form 2023



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

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

Address: _____

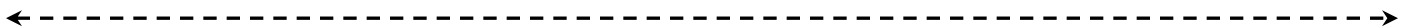
Moms Cell Phone: _____ Dads Cell Phone: _____

Campers Date of Birth: _____ **Age as of June 26, 2023:** _____

Grade Entering in September 2023: _____

BOTH Parent/Guardian Names: _____

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



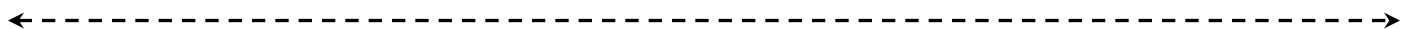
EMERGENCY CONTACT INFORMATION (2 REQUIRED) Someone other than parents or guardians.

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. NO PARENTS NAMES HERE

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____



Camp weeks are: Circle the session you want.

SESSION I
June 26-July 14
no camp 7/4

SESSION II
July 17-August 4

ALL 6 WEEKS
June 26-August 4

*** PLEASE write date and amount if paying on line**

IN SEVERE WEATHER CONDITIONS (EXPECTED THUNDERSTORMS) CAMP WILL BE CANCELLED FOR THE DAY, OR EARLY PICK UP WILL BE REQUIRED. THERE WILL BE NO REFUNDS DUE TO WEATHER CANCELLATIONS



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 – Department of Health requires us to have on file: An updated IMMUNIZATION record, including: A copy of your child’s COVID vaccine card IF they have gotten vaccinated. Physicals 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 2023:

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.

Parent or Guardian 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: _____

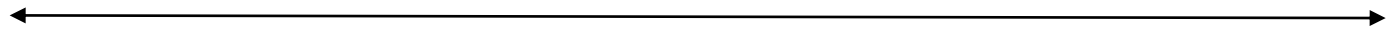
**** Special Note: your child MUST be "checked out" with the Senior counselor. The person responsible for pick up MUST alert the counselor and they MUST sign out the child on the attendance sheet. Photo ID required for all who pick up!**



Swim Permission Slip

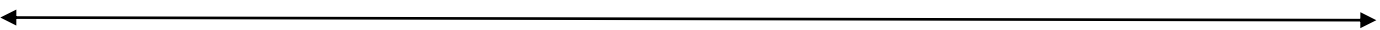
As per a Board of Health requirement, a signed permission slip must be turned in on the first day of camp in order for your child to participate in our swim program. We will be assessing the swim abilities of every camper within the first 2 days of camp. This is for their safety. This is for both, swim 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

BUCHANAN RECREATION DEPARTMENT

914-293-8391

The Recreation Department is offering an After Camp 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 a light snack, relaxation inside (airconditioned), playground use and Swim time.

Fee:

\$40 per day (you can pick individual days and weeks)

or

\$175 per week

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

Check, money order or New this year * pay online at www.villageofbuchanan.com , no cash!

**** Also new this year:**

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Please make checks or money orders payable to The Village of Buchanan.

Registration is on a first come, first serve basis. **Payment (including on line payments) and Registration must be turned in on the same day in order to reserve a place for your child/children. Enrollment is limited. All forms must be filled out completely.**

OFFICE USE ONLY

Week/days _____

CK # _____

\$ _____

DATE: _____

Village of Buchanan Recreation After Camp Registration Form 2023

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 grade (fall 2023): _____

Address: _____

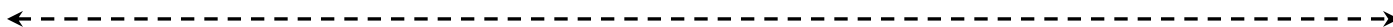
Main Phone: _____ Secondary Phone: _____

BOTH Parent/Guardian's Name: _____

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

Weeks or days you would like After Camp: _____

Amount enclosed _____ **Paid on line, amount and date:** _____



Dismissal Permission Slip for After Camp

At the end of After Camp 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 After Camp:

Name _____ Phone: _____

Name _____ Phone: _____

I give permission for my child to participate in the After-Camp for the 2023 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 _____