

BUCHANAN DAY CAMP

July 1, 2024 to August 9, 2024

For children entering K through 8th grade!

10% Sibling Discount on camp.

914-293-8391

ALL REGISTRATION FORMS FOUND ON LINE AT:

www.villageofbuchanan.com




Registration begins February 27th & February 29th for
BUCHANAN Residents. 6-8pm

Non-Residents, registration begins March 5th, 6-8pm

***Full payment is due with registration.**

Check, money order, (**credit cards on line only**), No Cash.

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

- **Swim lessons and afternoon free swim.**
- **All art done inside.**
- **Sports for all groups (outside field/basketball in pavilion).**
- **Rainy days/free time activities. (Brand new board games, hula hoops, play doh, Legos, floor chalk, playing cards, bracelet making kits, balls). We will have water balloon activities, Color wars (counselors vs campers), Pie a staff member, and so much more!!**
- **Ice pops every Friday and Ice cream on selected dates.**
- **Special food days for all!**  **pizza, hot dogs, cheeseburgers.**
- **Themed weeks.**
- **Fire Department water days.** 
- **Carnival day.** 
- **Magician & face painting (selected sessions).**
- **Outside water slides on selected dates.**

➤ **AFTER CARE WILL ALSO BE AVAILABLE 3-6PM.**

WE WILL ALSO HAVE OTHER FUN ACTIVITIES AND SPECIAL GUESTS (TBA).

Check back closer to the start of camp for other fun events that will be happening throughout the 6 weeks of camp.

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

Jacqueline Pasquale - Recreation Supervisor
914-229-8391, jpasquale@villageofbuchanan.com

BUCHANAN DAY CAMP REGISTRATION! 2024

10% SIBLING DISCOUNT!

Payment in full is required at time of registration.

Dear Parents,

Registration forms can be found on the Village web site at www.villageofbuchanan.com , under Department/Recreation.

Camp is 6 weeks starting July 1 and ending August 9th. Camp hours: **9:00 AM to 3:00 PM.**

*After Care will be available 3-6pm.

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

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

PAYMENT IN FULL: **3 weeks = \$335** **6 weeks = \$620**

Sibling discount: **3 weeks = \$ 301** **6 weeks = \$558**

NON-RESIDENT:

PAYMENT IN FULL: **3 weeks = \$503** **6 weeks = \$956**

Sibling discount: **3 weeks = \$ 452** **6 weeks = \$860**

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

There are NO refunds. Please make **checks** or **money orders** payable to The Village of Buchanan OR you may **pay online at www.villageofbuchanan.com by credit card.** Visa, MasterCard, American Express & Discover) Returned check fee \$50.00. *No cash

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

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

Registration is on a first come, first serve basis. **Payment in full** must accompany registration in order to reserve a place for your child/children. 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,

Jacqueline Pasquale, Recreation Supv.

recreationdept@villageofbuchanan.com

914-293-8391

OFFICE USE ONLY
SESSION
PAYMENT
AMOUNT
DATE:

Village of Buchanan Day Camp *Registration Form 2024*



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

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

Address: _____

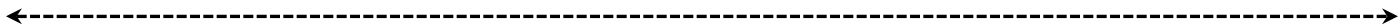
Home Phone: _____ Cell Phone: _____

Campers Date of Birth: _____ **Age as of June 27, 2024:** _____

Grade Entering in September 2024: _____

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: _____



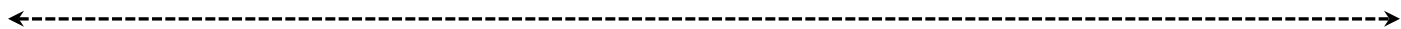
Camp weeks are: Circle the session you want.

Session I
July 1-July 19
no camp 7/4

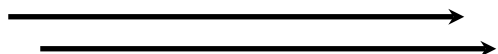
Session II
July 22-August 9

ALL 6 WEEKS
July 1-August 9

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 2024: *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:* _____

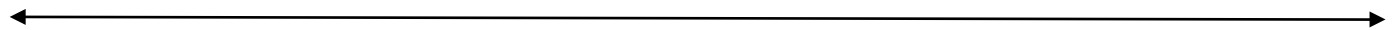
**** Special Note: your child MUST be "checked out" with the Senior counselor. The person responsible for pick up MUST alert the counselor and they MUST sign out the child on the attendance sheet. Photo ID required for all who pick up!**



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 _____