

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/movie time and
Swim time at the pool.

Fee:
\$175.00 for the full week
or
\$40.00 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 only) at the Village Hall, Recreation department, 2nd floor. Credit or Debit cards (on line only).

OFFICE USE ONLY

Week/days _____

CK # _____

\$ _____

DATE: _____

Village of Buchanan Recreation After Camp Care Registration Form 2024

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 age as of July 1st, 2024 _____ grade: _____

Address: _____

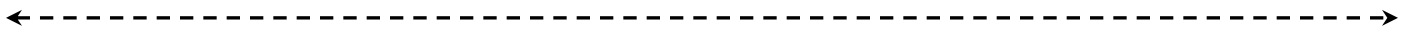
Home Phone: _____ Cell Phone: _____

BOTH Parent/Guardian's Name: _____

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

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:

Name _____ Phone: _____.

Name _____ Phone: _____.

Parent/Guardian's Signature _____ Date _____

I give permission for my child to participate in the After Camp Care for the 2024 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 _____