

# 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. Snack will be included.

Fee:  
\$175.00 for the full week  
or  
\$40.00 per day

After Camp Care fees must be paid in advance or on a day to day need and are non-refundable.

Make checks payable to The Village of Buchanan, 236 Tate Ave, Buchanan NY, 2<sup>nd</sup> floor Recreation office **OR** you may pay on line by Credit Card or Debit Card, (Visa, Mastercard, American Express and Discover cards)

OFFICE USE ONLY

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

\_\_\_\_\_

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

# Village of Buchanan Recreation

## After Camp Care

### Registration Form 2025

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

Child's **First** Name \_\_\_\_\_ **Last** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ **Age as of June 27<sup>th</sup>, 2025** \_\_\_\_\_ **Grade entering in September 2025** \_\_\_\_\_

Address: \_\_\_\_\_

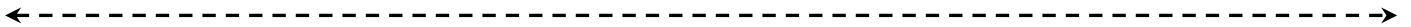
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**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 2025 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 \_\_\_\_\_