

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

Children are to be picked up by 6pm or you will be
charged the daily rate of \$40.00.

NO EXCEPTIONS WILL BE MADE.

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, 2nd 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 # _____

\$ _____

DATE: _____

Village of Buchanan Recreation

After Camp Care

Registration Form 2026

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 29th, 2026 _____ Grade entering in September 2026 _____

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 _____