

**DAY CAMP EXTENSIONS**

**WHO:** Ages 6 –14

**WHAT:** Two- one week extended camp after the Summer Playground Program

**WHEN: Session I:** Monday - Friday, August 5th-August 9th

**Sesision II:** Monday-Friday, August 12<sup>th</sup> – August 16<sup>th</sup>

**TIME: 9am - 2pm (regular hours)**

**8:30am – 5:00pm (extended hours I)**

**7:30am – 6:00pm (extended hours II)**

**WHERE:** Van Buren Park, Pavilion B

**FEE:** \$70.00 for each participant (**regular hours**)/session – pool fees included

\$90.00 for each participant (**extended hours I**)/session – pool fees included

\$100.00 for each participant (**extended hours II**)/session – pool fees included

(Min.# 10; Max# 40 )

This camp will offer a variety of daily activities at each site including games, arts & crafts, sports and more! Children must remain on site unless picked up by an adult. The camp will be held rain or shine. **Participants must pack a bag lunch and a drink each day.**

**TO REGISTER:** Make check payable to **TOWN OF VAN BUREN.**

*Complete form below and mail with check to:*

**Van Buren Parks and Recreation, 7350 Canton Street, Baldwinsville, NY 13027**

**PLEASE NOTE:** *ADVANCE REGISTRATION IS A MUST!* For more information, please contact the Parks and Recreation office at **638-4727**, weekdays, from 8:30am.-4:00pm.

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\_\_\_\_\_  
NAME AGE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_ (day) \_\_\_\_\_ (evening)  
TELEPHONE NUMBER(S)

Class Name: DAY CAMP EXT Week(s) and hours needed: \_\_\_\_\_

**PARTICIPANT (if over age 18) OR PARENT, PLEASE SIGN BELOW!**

I am aware of the inherent dangers of the program(s) being registered for and warrant that I am / my child is in good physical condition. I understand that no medical insurance is included as a part of any program, and agree not to hold the **TOWN OF VAN BUREN** liable for any injury arising out of participation in this program.

\_\_\_\_\_  
PARTICIPANT SIGNATURE DATE

----- **OFFICE USE ONLY** -----

CHECK \_\_\_\_\_ CASH \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_