

DAY CAMP EXTENSIONS

WHO: Ages 6 –14

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

WHEN: Session I: Monday - Friday, August 7th-August 11th

Sesision II: Monday-Friday, August 14th – August 18th

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: \$80.00 for each participant (**regular hours**)/session – pool fees included

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

\$110.00 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 **315-638-4727**, 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: \_\_\_\_\_

**PARENT/GUARDIAN, PLEASE SIGN BELOW!**

I am aware of the inherent dangers of the program(s) being registered for and warrant that 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.

\_\_\_\_\_  
PARENT PRINT/SIGNATURE DATE

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

CHECK \_\_\_\_\_ CASH \_\_\_\_\_

CREDIT CARD \_\_\_\_\_ CC NUMBER \_\_\_\_\_ EXP DATE \_\_\_\_\_ CVC \_\_\_\_\_  
(A user fee of 2.75% + \$0.61, of your total transaction, will be added).

TOTAL AMOUNT \_\_\_\_\_ RECEIPT # \_\_\_\_\_ DATE \_\_\_\_\_