



AFTER SCHOOL 2024-2025

Amherst, Sweet Home, & Williamsville School Districts

After school programs are available for students in K-6th grade who attend school in the Town of Amherst. The programs operate Monday—Friday during after school hours.

**All programs are licensed by:
Office of Children and Families (OCFS)**

- Daily Homework Help Time
- Warm & Caring Environment
- Theme Based Curriculum
- Outdoor Games
- Friendly & Qualified Staff
- Arts & Crafts



After School Program Locations and School Districts Served	
Amherst	Harlem Road Community Center 4255 Harlem Road
Sweet Home	Northwest Amherst Community Center 220 North Pointe Parkway
Williamsville	Clearfield Youth Center 730 Hopkins Road
Williamsville	Williamsville Youth & Family Center 5005 Sheridan Drive

Eligibility: Registration is open to all Town of Amherst residents and non-residents whose children are currently enrolled in K-6th grade at an Amherst, Williamsville, or Sweet Home District School.

Amherst Resident Fees

- \$20 Non-Refundable Registration Fee Per Family
- Fees are applied using a sliding scale, based upon the family’s most recent federal tax return, (1040 Form)
- Optional Extended Day Program (5:30-6:00pm) available for additional \$1/day per child

Non-Resident Fees

- \$30 Non-Refundable Registration Fee Per Family
- Daily Fee: \$25 per child
- Optional Extended Day Program (5:30-6:00pm) available for additional \$5/day per child

Questions? Contact: 716-631-7132



2024–2025 AFTER SCHOOL PROGRAM

General Information



Eligibility: Registration is open to all Town of Amherst residents and non-residents whose children attend an Amherst, Williamsville, or Sweet Home District School. Applicants must be enrolled in Kindergarten through 6th grade by September 2024.

Priority acceptance for this program is based on the following qualifications:

1. Children currently enrolled in the After School Program
2. All other applicants (Town residents and non-residents). Town residents will receive priority over non-residents.

Town of Amherst Resident Program Fees:

- Fees are applied using a sliding scale, based upon the family’s most recent federal tax return (1040). ***If no 1040 form is submitted with registration, the cost of the program will be at the Step C level.***
- Family applies to any parent or guardian, even if filing separately. An optional Extended Day Program (5:30-6:00pm) is available for an additional \$1.00/day per child (**Registration Required!**) Non-Registered Extended Day is \$3/day.

All resident applicants will be placed in an income step based on the family’s most recent federal tax return, (1040).

		# OF CHILDREN ENROLLED (DAILY FEE)			
STEP	INCOME	1	2	3	4
A	\$0—49,000	\$10.50	\$20.00	\$21.00	\$23.00
B	\$50,000—74,999	\$12.50	\$24.00	\$25.00	\$27.00
C	\$75,000+	\$14.25	\$27.50	\$28.50	\$30.50

****Scholarship assistance may be available for those who qualify****

Non-Resident Program Fees:

- Non-residents are students who live outside of the Town of Amherst boundaries, yet attend school within the Amherst or Williamsville.
- Daily Fee: \$25.00 per child; Extended Day Program: \$5.00/day per child. (Registration Required!) Non-Registered Extended Day is \$7/day.

Payments:

- Fees will be assessed on a monthly basis. Payment in full is **due on or before the 15th of the month prior to program attendance.**
- Early dismissal days are billed at double your daily rate.

Credit Days:

Credit days can be used for illness, personal time, etc., **only if you contact the Program Leader before 2:00pm* on the day in question, (*10am for early dismissal days).** You are entitled up to the maximum allowances noted below and will not receive compensation for unused credits at the end of the school year.

Days Enrolled Per Week	Daily Credit(s) Per School Year
5	8
4	6
3	4
2	2
1	1

For more information, please call the Town of Amherst Youth & Recreation office at 716-631-7132



AMHERST YOUTH & RECREATION AFTER SCHOOL REGISTRATION INFORMATION

****PLEASE WRITE LEGIBLY/COMPLETE ALL BOXES****



CHILD'S FULL NAME		CHILD'S HOME ADDRESS		PHONE ()
		CITY		ZIPCODE
SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB	DATE OF		Office Use Only INCOME STEP:	NAME OF PERSON APPLYING FOR CHILD <input type="checkbox"/> Parent <input type="checkbox"/> Guardian
	Birth	Registration		ADDRESS OF PERSON APPLYING FOR CHILD
WHAT SCHOOL DOES THE CHILD ATTEND?			EMAIL ADDRESS	
GRADE YOUR CHILD WILL BE ENTERING IN SEPTEMBER:			WHO DOES THE CHILD LIVE WITH? Other (Specify) <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> _____	
Primary Care Facility/Physician (Name, Address): <i>Must Be Filled Out</i>				Telephone Number: <i>Must Be Filled Out</i>
Dental Care Facility/Dentist (Name, Address): <i>Must Be Filled Out</i>				Telephone Number: <i>Must Be Filled Out</i>
Preferred Medical Care Facility/Hospital (Name, Address): <i>Must Be Filled Out</i>				Telephone Number: <i>Must Be Filled Out</i>
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	ADDRESS	Telephone Number (Check Type)
	Parent/Guardian			<input type="checkbox"/> CELL <input type="checkbox"/> OTHER
				<input type="checkbox"/> CELL <input type="checkbox"/> OTHER
				<input type="checkbox"/> CELL <input type="checkbox"/> OTHER
				<input type="checkbox"/> CELL <input type="checkbox"/> OTHER
Please provide any information that will assist us when working with your child, (diets, habits, etc.):				
Does your child receive special services? (IEP, 504, Speech, OT, PT)				
Medications:				
Allergies:				
AGREEMENT <ul style="list-style-type: none"> I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medication, fees, transportation and the services provided by the facility and the Office of Children and Family Services regulations. I give consent for this child to take part in field trips or excursions away from the facility under proper supervision. I agree that in the case of accident or injury, emergency medical care may be given in the event the person(s) designated above cannot be reached. I have provided special information on my child's special needs (medications, allergies, diet, medical information) to assist the facility in caring for this child. I agree to review and update this information whenever a change occurs and/or at least every six months. I will provide a most recent copy of my 1040 tax form or I will be placed at the highest step of the sliding scale fee for the program(s). 				
SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE				DATE:
OFFICE USE ONLY				
DATE	ILLNESS	ACCIDENT (Describe Injuries)		



2024–2025 AFTER SCHOOL PROGRAM



I would like to register my child, _____
for the after school program on the following days:

	Monday	Tuesday	Wednesday	Thursday	Friday
Regular Pick Up 5:30pm					
Extended Day Pick Up 6:00pm (Additional Charge)					

Please indicate PROGRAM SITE:

Harlem Road Community Center
(Amherst School District)

Northwest Amherst Community Ctr
(Sweet Home School District)

Clearfield Youth Center
(Williamsville School District)

Williamsville Youth Center
(Williamsville School District)

PICK-UP PROCEDURES

This form will authorize only certain individuals to pick-up your child. Your child will not be released to anyone not listed below.

- You (or any authorized individual listed below) will be asked to sign-out your child before they will be released.
- You must get out of your vehicle and sign-out your child at a designated pick-up point. **Staff may request a photo ID to verify the identity of the person(s) authorized to pick-up your child.**
- In case of an emergency, where a pick-up will be made by someone not on the list, you must call the Program Leader/Lead Staff to tell them who will make the pick-up and that individual must present proper photo identification.

Please list those who are authorized to pick-up your child from the program.

PLEASE LIST YOURSELF FIRST

(Please Print Clearly)

Name of Child: _____

Name (First/Last)	Relationship to child	Phone Number
	PARENT/GUARDIAN	



PARENTAL RESPONSIBILITY CONTRACT

1.	I, the undersigned, certify that my registered child, _____ has my permission to take part in the program conducted by the Amherst Youth & Recreation Dept. I allow my child to participate in all walking and bussed field trips. In consideration of the acceptance and enrollment of my child in the program, I hereby expressly waive any claim for injuries sustained by said child participating in the program. I have read the parent handbook and allergy and anaphylaxis policy on the website.
2.	I understand this is a well child program. I will not send my child to the program if they are ill or did not attend school due to illness.
3.	I understand that I cannot send my child on an unregistered attendance day without prior approval from the Program Director.
4.	I understand that the Amherst Youth Program promotes healthy lifestyles. I will not send my child(ren) to the program with clothing or gear reflecting inappropriate messages regarding smoking, drinking, sexuality, etc.
5.	I understand that the Amherst Youth Program is in compliance with the CACFP for snack. Any snack provided by parent/guardian will meet CACFP guidelines.
6.	I agree to allow the Amherst Youth Program staff to use insect sting swabs and sunscreen on my child if necessary. (See program staff for more information).
7.	I understand this program follows the Amherst/Williamsville/Sweet Home Elementary School District calendars.
8.	I understand that it is my responsibility to make bussing arrangements with the appropriate school district transportation office prior to starting the program.
9.	If my child, for any reason, cannot attend or will be late to the program on a given day for which he/she is registered, I will contact the After School Child Care Program by 2:00pm (10am on early dismissal days) to inform them of this. Failing to do so will result in the following procedures: <ul style="list-style-type: none"> • Program staff will attempt to contact and speak with any adult listed on your child's registration form. If staff are unable to speak with parent/adult listed they will call the Amherst Police Dept. and they will attempt to locate your child. • The first and second time this occurs, I will be verbally informed that failing to call may result in my child's loss of After School Child Care Program services. The third time this occurs, I will receive written notification that my child has been removed from program with no refund for unused days.
10.	The custodial parent(s) MUST submit a list of those persons authorized to pick-up their child(ren) from the after school child care and/or recess camp program(s). Photo ID must be provided by those individuals authorized to pick-up your child(ren).
11.	I will take all steps necessary to insure that any/all individuals authorized to pick-up my child(ren) will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.
12.	I realize that picking-up my child(ren) by 5:30pm (or 6:00pm if enrolled in the Extended Day Program) is an important responsibility on my part and that failing to do so will result in the following procedure: <ul style="list-style-type: none"> • A \$7.00 fee per child will be assessed for every 15 minutes a child remains at program past 6:00pm (ex. 6:01-6:15pm = \$7.00 per child; 6:16-6:30pm = \$14.00 per child). • The first and second time this occurs, I will be informed that failing to pick-up my child on time may result in my child's loss of program services. • The third time this occurs, I will receive written notification that my child has been removed from the program with no refund for unused days.
13.	The Amherst Youth & Recreation Dept. has my permission to use photos, videos, and audio recording or other likenesses taken of my child (ren) for the purpose of publicizing its programs and activities.
14.	I agree to release my contact information to the Amherst Youth Foundation (partner to the Amherst Youth & Recreation Dept.). This information may be used for needs assessments, marketing, and to provide information in support of fundraising events or activities the Foundation may be sponsoring on behalf of Amherst Youth & Recreation and/or this program.

AFTER SCHOOL PROGRAM PAYMENT AGREEMENT

15.	I understand if I change schedules or withdraw my child before the end of the month, I will forfeit any monies paid for that month's attendance.
16.	Payments are due on or before the 15th of the month preceding attendance of program. Payments received after the 15th will incur a \$25.00 late charge.
17.	If payment due remains unpaid by the last day of the month in which it is due, parent/guardian agrees to withdraw the child from the program as of the first day of the following month.
18.	A child who is withdrawn from the program for non-payment can re-register for services (if space is available) by paying: <ul style="list-style-type: none"> • An additional \$20 registration fee plus payment of any/all outstanding balances due for previous service and payment for all days of service to be used within that month prior to the first day of attendance.

REFUND POLICY: No refunds will be given for program(s). I, the undersigned have read, understand and accept the conditions by which I must abide and which are contained in the Parental Responsibility Contract and Program Handbook found online at www.amherstyouthandrec.org. Failure to comply may result in loss of program privileges.

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE
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AFTER SCHOOL CHILD CARE REGISTRATION CHECKLIST



Child's Name _____

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Is child between K—6th Grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Registration Fee Included? (\$20 resident; \$30 non-resident) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Non-Resident Only:</u> | | |
| • Does this child attend an Amherst, Sweet Home or Williamsville School? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, which school? _____ | | |

FORMS SUBMITTED

- Registration
- Days of Attendance/Pick-Up Procedures
- Parent Responsibility Contract/Payment Agreement
- NYS Income Eligibility Form (***MANDATORY! All families must complete form***)
- MOST RECENT 1040 TAX FORM** (Not Needed for Income Step C)

PROGRAM SITE:

- Harlem Road Community Center**
(Amherst School District)
- Northwest Amherst Community Center**
(Sweet Home School District)
- Clearfield Youth Center**
(Williamsville School District)
- Williamsville Youth Center**
(Williamsville School District)

For Office Use Only

		Place as Step "C" if 1040 form not included.
Income Step:		
Date:	Accepted By:	

DO NOT ACCEPT INCOMPLETE APPLICATIONS