

CHILD'S FULL NAME		CHILD'S HOME ADDRESS	ZIP CODE	PHONE
		NAME OF PERSON APPLYING FOR CHILD <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF			
	Birth	Registration		
		ADDRESS OF PERSON APPLYING FOR CHILD		ZIP CODE
WHAT SCHOOL DOES THE CHILD ATTEND?		E-MAIL ADDRESS		
GRADE YOUR CHILD IS CURRENTLY IN:		WHO DOES THE CHILD LIVE WITH? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Other (specify) _____		
Child's Source of Medical Care/Primary Care Physician's Name: <i>MUST BE FILLED OUT</i>				Telephone Number: <i>MUST BE FILLED OUT</i>
Child's Source of Dental Care/Dentist's Name: <i>MUST BE FILLED OUT</i>				Telephone Number: <i>MUST BE FILLED OUT</i>
Name of Medical Care Facility/Hospital: <i>MUST BE FILLED OUT</i>				Telephone Number: <i>MUST BE FILLED OUT</i>
EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER & ADDRESS (DURING HOURS OF CHILD CARE PROVIDED)	Other 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
Any information that will assist us when working with your child (diet, habits, etc.):				
Does your child receive special services (IEP, 504, speech, OT, PT)				
Medications:				
Allergies:				

AGREEMENT

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.

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE
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FOR OFFICE USE ONLY		
DATE	ILLNESS	ACCIDENT (describe injuries)



2025 MID-WINTER & SPRING RECESS CAMPS

Due to the expected high number of applicants, no family is guaranteed all days of service. Please check only the days for which you are interested in.

MID-WINTER PROGRAM SITE: Harlem Youth Center Clearfield Youth Center
 SPRING RECESS PROGRAM SITE: Northwest Community Center Williamsville Youth Center

Available Days of Service:

Mid-Winter Recess:	Spring Recess:
<input type="checkbox"/> Tues., Feb. 18	<input type="checkbox"/> Mon., Apr. 14
<input type="checkbox"/> Wed., Feb. 19	<input type="checkbox"/> Tues., Apr. 15
<input type="checkbox"/> Thurs., Feb. 20	<input type="checkbox"/> Wed., Apr. 16
<input type="checkbox"/> Fri., Feb. 21	<input type="checkbox"/> Thurs., Apr. 17

Early Bird Option	Mid-Winter:	Spring Recess:
7:30am-8:00am	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
-additional charge	<input type="checkbox"/> No	<input type="checkbox"/> No

Extended Day Option	Mid-Winter:	Spring Recess:
5:30pm-6:00pm	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
-additional charge	<input type="checkbox"/> No	<input type="checkbox"/> No

Please note: Any child registered for camp on a day corresponding with a scheduled field trip is required to attend the field trip. All Program Staff will attend field trip.

Please indicate which program/s your child attended/attends: Recess Camp (Feb/Apr) 2024 After School Program 2024 –25 Summer Camp 2024

Dear Parent/Guardian: We are seeking your cooperation in helping us to provide an additional safeguard regarding the pick-up of your child(ren) at the end of each program day. This will authorize only certain individuals to pick-up your child(ren). Your child(ren) will not be released to anyone not listed below. You (or any authorized individual listed below) will be asked to sign out your child(ren) before they will be released. It may be necessary for you to get out of your vehicle and get your child at a designated pick-up point. Staff may request photo ID to verify the identity of person(s) authorized to pick-up your child. Thank you for your cooperation.

Name of Child: _____

Please list those authorized to pick-up your child from the program (please include yourself).

Name (First/Last)	Relationship to Child	Phone/Cell
	Parent/Guardian	

PARENT/GUARDIAN INITIALS	<u>PARENTAL RESPONSIBILITY CONTRACT</u>
1.	I, the undersigned, certify that my 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 do hereby expressly waive any claim for injuries sustained by said child participating in the program.
2.	I understand this is a well child program. I will not send my child to the program if he/she is ill.
3.	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.
4.	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).
5.	I will take all steps necessary to insure that any/all individuals authorized to pick-up my son/daughter will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site.
6.	I realize that picking-up my child(ren) by 5:30pm (or 6:00pm I enrolled in the Extended Program) is an important responsibility on my part and that failing to do so will result in the following procedures: <ul style="list-style-type: none"> • A \$5.00 fee per child will be assessed for every 15 minutes a child remains at program past 6:00pm (ex. 6:01-6:15pm-\$5.00 per child; 6:16-6:30pm-\$10.00 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 will no longer be able to participate in the program.
7.	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.
8.	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 Program by 9:00am to inform them of this. If no contact has been made, it will be assumed that my child will not be in attendance that day. No refunds are given for non-attendance.
9.	I understand registration forms are due on 1/27/25 for February and 3/31/25 for April. CAMPERS MISSING FORMS AFTER DUE DATES WILL BE REMOVED FROM ROSTER.

I, the undersigned have read, understand, and accept the conditions by which I must abide and which are contained in the Parental/Guardian Responsibility Contract, Program Handbook, and the Allergy & Anaphylaxis Policy posted on the website. Failure to comply may result in loss of program privileges.

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE
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MID-WINTER/SPRING RECESS CHECKLIST

Child's Name _____

	YES	NO
1. A. Is your child between the ages of 5-11 years?	_____	_____
2. A. Early Bird Option (7:30am-8:00am)	_____	_____
B. Extended Day Option (5:30pm-6:00pm)	_____	_____
3. Forms to be completed and/or signed:		
A. Registration Form	_____	_____
B. Emergency Contact Form/Accident Illness Form	_____	_____
C. Parent Responsibility Contract	_____	_____
D. Pick-up Authorization Form	_____	_____
4. Non-resident?	_____	_____
5. Where did you hear about our program?		
_____ Program & Services Guide Listing		
_____ Already attend Youth Program		
_____ Friend/Relative		
_____ Child's School		
_____ Newspaper		
_____ Other — please specify: _____		
6. Additional comments:		

Date: _____

Accepted by: _____

WE DO NOT ACCEPT INCOMPLETE APPLICATIONS