



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 Paid? (\$20 resident; \$30 non-resident) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Non-Resident?</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 (**All families must complete form**)
- MOST RECENT 1040 TAX FORM** (Not Needed for Step D)

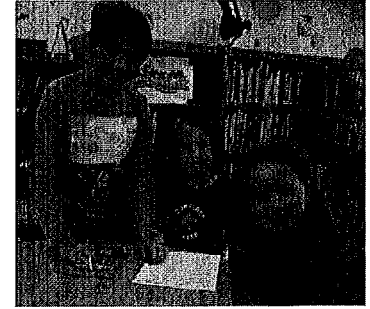
PROGRAM SITE:	For Office Use Only	
<input type="checkbox"/> Harlem Road Youth Center (Amherst School District)	Income Step:	Place as Step "D" if 1040 form not included.
<input type="checkbox"/> Amherst Youth & Family Center (Sweet Home School District)	Priority:	
<input type="checkbox"/> Clearfield Youth Center (Williamsville School District)	Date:	Accepted By:
<input type="checkbox"/> Williamsville Youth Center (Williamsville School District)	DO NOT ACCEPT INCOMPLETE APPLICATIONS	



AFTER SCHOOL 2019-2020

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 afterschool hours.



All programs are licensed and accredited through OCFS and NYS Network for Youth Success.

- 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 Youth Center 4255 Harlem Road
Sweet Home	Amherst Youth & Family Center 1615 Amherst Manor Drive
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.

REGISTRATION:
June 10–14, 2019
9:00am–5:30pm

Registration Location: Town of Amherst Youth & Recreation Department
Northtown Center at Amherst
1615 Amherst Manor Drive
Williamsville, NY 14221

You must register in person and have forms submitted with registration.

For registration forms visit: www.amherstyouthandrec.org (Child Care Programs → After School)

Questions? Contact: 716-631-7132



2019–2020 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 2018.

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

1. Children currently enrolled in the After school Program
2. Children of single working parent families and of dual working parent families.
3. 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 D 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—29,000	\$8.25	\$15.50	\$16.50	\$18.50
B	\$30,000—49,000	\$10.25	\$19.50	\$20.50	\$22.50
C	\$50,000—74,999	\$12.00	\$23.00	\$24.00	\$26.00
D	\$75,000+	\$13.75	\$26.50	\$27.50	\$29.50

Scholarship assistance is 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, Williamsville, or Sweet Home School Districts.
- Daily Fee: \$25.00 per child; Extended Day Program: \$5.00/day per child. (Registration Required!) Non-Registered Extended Day is \$7/day.

Payments:

- First payment is **due in full on or before your child begins program.**
- Subsequent fees will be assessed on a monthly basis with payment in full **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 631-7132



AMHERST YOUTH & RECREATION AFTER SCHOOL REGISTRATION INFORMATION



****PLEASE WRITE LEGIBLY****

CHILD'S FULL NAME			CHILD'S HOME ADDRESS			PHONE ()	
			CITY			ZIPCODE	
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF		Office Use Only STEP PRIORITY	NAME OF PERSON APPLYING FOR CHILD <input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
	Birth	Registration		ADDRESS OF PERSON APPLYING FOR CHILD		ZIPCODE	
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):						Telephone Number:	
Dental Care Facility/Dentist (Name, Address):						Telephone Number:	
Preferred Medical Care Facility/Hospital (Name, Address):						Telephone Number:	
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)		



2019–2020 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 Youth Center
(Amherst School District)

Amherst Youth & Family Center
(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 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. INITIALS	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 available online.
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 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 will no longer be able to participate in the After School Child Care Program.
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 = \$14.00per 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 may 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 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. Failure to comply may result in loss of program privileges.

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE
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**** ALL FAMILIES MUST **
COMPLETE THIS FORM**

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

DIRECTIONS

Complete SECTION A if anyone in your household

1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
2. Receives Temporary Assistance to Needy Families (TANF)
3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

HOUSEHOLD MEMBER NAME	MONTHLY GROSS SALARY
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will get Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

DATE _____

FOR SPONSOR USE ONLY

CACFP Agreement _____

Total Number of Household Members _____ (INCLUDING FOSTER CHILDREN IF APPLICABLE)

Total Household Income \$ _____

Free _____ / Reduced _____ / Paid _____

Date of Determination _____

Signature of Center Staff _____

USDA is an equal opportunity provider and employer.



Dear Parent, Guardian or CACFP Participant:

This center participates in the Child and Adult Care Food Program (CACFP). It serves healthy meals each day it is open. Please complete the attached form soon. This will help your center receive funding for the meals that are served.

You will need to complete a form every year. Your center and CACFP will keep all information private.

INCOME ELIGIBILITY GUIDELINES
(Effective July 1, 2018 until June 30, 2019)

HOUSEHOLD SIZE	REDUCED-PRICE MEALS		
	YEAR	MONTH	WEEK
1	22,459	1,872	432
2	30,451	2,538	586
3	38,443	3,204	740
4	46,435	3,870	893
5	54,427	4,536	1,047
6	62,419	5,202	1,201
7	70,411	5,868	1,355
8	78,403	6,534	1,508
FOR EACH ADDITIONAL FAMILY MEMBER	+7,992	+666	+154

Brian J. Kulpa

SPONSOR/CENTER OFFICIAL

Town of Amherst Youth Program

SPONSORING ORGANIZATION

5/29/18

DATE

This institution is an equal opportunity provider.

Privacy Act Statement: The Richard B. Russell National School Lunch Act requires the information on this form. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced-price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the form. The Social Security Number is not required when you: apply on behalf of a foster child; provide a SNAP, TANF or FDPIR number; or when you indicate that the adult household member signing the form does not have a Social Security Number. We will use your information to determine if the center is eligible for free or reduced-price meal reimbursement and for administration and enforcement of the Program.

INSTRUCTIONS FOR COMPLETING DOH-3688

Definition of Income

Income means income before deductions for income taxes, social security taxes, insurance premiums, charitable contributions, and bonds, etc. It includes the following: (1) monetary compensation for services, including wages, salary, commissions or fees; (2) net income from non-farm self-employment; (3) net income from farm self-employment; (4) Social Security payments; (5) dividends or interest on savings or bonds, income from estates or trusts or net rental income; (6) unemployment compensation; (7) government civilian employee or military retirement, or pensions or veteran's payments; (8) private pensions or annuities; (9) alimony or child support payments; (10) regular contributions from persons not living in the household; (11) net royalties; (12) military benefits received in cash, such as housing allowance except if you are in the Military Housing Privatization Initiative; and (13) any other cash income.

Definition of Household

Household means *family* as defined in Section 226.2. *Family* means a group of related or non-related individuals who are not residents of an institution or boarding house, but who are living as one economic unit.

INSTRUCTIONS FOR PARENTS OR GUARDIANS

Write in the name of the child care center in the space provided.

Print the name of each child in your household who attends this child care center.

Section A: If anyone in your household participates in the Supplemental Nutrition Assistance Program (SNAP), receives Temporary Assistance for Needy Families (TANF) or participates in the Food Distribution Program on Indian Reservations (FDPIR), complete Section A only. Write down the SNAP, TANF or FDPIR number (do not use your ACS or DSS child care subsidy number). Then sign and date the form and return it to the day care center.

Foster children: If your household includes a foster child who is in child care, write in the names of the foster children.

Section B: Complete this section if you did not complete Section A. Write in your name and the names of all other adults and children living in the household, including unrelated people, even if they do not have any income. Do not include the children in child care who are listed at the top of the form.

Enter the amount of income each person received **last month**, before taxes or anything else was taken out. Refer to the Definition of Income and the Definition of Household, above. If any amount last month was more or less than the usual, write in that person's usual income.

The last four digits of the Social Security Number of the adult signing the certification is required. If you do not have a Social Security Number, write *none*. The form must be signed by an adult member of the household.

INSTRUCTIONS FOR CENTERS AND SPONSORS

The For Sponsor Use Only section is to be completed, signed and dated by center or sponsor staff. The sponsor/center representative must review the income eligibility form and ensure that it is completed as indicated in the instructions above. Then indicate the following:

The CACFP Agreement Number.

Total Number of Household Members – This item does not have to be completed if the parent completed Section A. Add those indicated in Section B (if completed) to the children enrolled in child care and the number of foster children, if applicable.

Total Household Income – This item does not need to be completed if the parent completed Section A. Indicate the total monthly income as calculated from Section B. If the parent chooses not to disclose income, the form must be categorized as *paid*.

Number of Free, Reduced or Paid – Compare the total household income and the total number of household members with the current year's Income Eligibility Guidelines (CACFP-3687) to determine if the household should be categorized as **Free, Reduced** or **Paid**. Use the appropriate column on the CACFP-3687 to categorize their income. For example, if the parent indicated biweekly income, multiply this amount by 26 to determine yearly income.

Incomplete forms (missing signatures, income information, last four digits of Social Security Number or SNAP, TANF or FDPIR numbers) are categorized in the paid category.

The income eligibility form is valid until the last day of the month one calendar year from the date it is signed by the household member. For example, a form signed on May 12, 2014 is valid until May 31, 2015.