

|  |                     |   |   |   |
|--|---------------------|---|---|---|
| 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<br><input type="checkbox"/> M<br><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?<br><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:                          |                     |   | Telephone Number:   |   |
| Child's Source of Dental Care/Dentist's Name:  |                     |   | Telephone Number:   |   |
| Name of Medical Care Facility/Hospital:  |                     |   | Telephone Number:   |   |
| EMERGENCY DATA   | RELATIONSHIP        | CONTACT NAME  | TELEPHONE NUMBER & ADDRESS<br>(DURING HOURS OF CHILD CARE PROVIDED) | Other Telephone Number<br>(Check type)                          |
|  | PARENT/<br>GUARDIAN |   |   | <input type="checkbox"/> Cell<br><input type="checkbox"/> Other |
|  |                     |   |   | <input type="checkbox"/> Cell<br><input type="checkbox"/> Other |
|  |                     |   |   | <input type="checkbox"/> Cell<br><input type="checkbox"/> Other |
|  |                     |   |   | <input type="checkbox"/> Cell<br><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 |
|--|------|

|                     |         |                              |
|---------------------|---------|------------------------------|
| FOR OFFICE USE ONLY |         |                              |
| DATE                | ILLNESS | ACCIDENT (describe injuries) |
|                     |         |                              |
|                     |         |                              |



# 2023 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:  Northtown Youth Center  Williamsville Youth Center  
 SPRING RECESS PROGRAM SITE:  Harlem Youth Center  Clearfield Youth Center

Available Days of Service:

**Spring Recess:**  
 Mon., Apr. 3  
 Tues., Apr. 4  
 Wed., Apr. 5  
 Thurs., Apr. 6

**Mid-Winter Recess:**  
 Tues., Feb. 21  
 Wed., Feb. 22  
 Thurs., Feb. 23  
 Fri., Feb. 24

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

| Extended Day Option                 | Mid-Winter:   | Spring Recess:  |
|-------------------------------------|---|---|
| 5:30pm-6:00pm<br>-additional charge | <input type="checkbox"/> Yes<br><input type="checkbox"/> No | <input type="checkbox"/> Yes<br><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) 2022  After School Program 2022 –23  Summer Camp 2022

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 children. 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                |            |
|                   |                       |            |
|                   |                       |            |

| 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"> <li>• 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).</li> <li>• 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.</li> <li>• The third time this occurs, I will receive written notification that my child will no longer be able to participate in the program.</li> </ul> |
| 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.                       | 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 providing information about fundraising events or activities the Foundation may be sponsoring on behalf of Amherst Youth & Recreation and/or this 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 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.   |
| 10.                      | I understand registration forms are due on 2/6/23 for February and 3/20/23 for April. <b>CAMPERS MISSING FORMS AFTER DUE DATES WILL BE REMOVED FROM ROSTER.</b>  |

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 (On-Line). **Failure to comply may result in loss of program privileges.**

|  |      |
|--|------|
| SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE | DATE |
|--|------|



## 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