

AMHERST YOUTH & RECREATION RECESS CAMP REGISTRATION INFORMATION

CHILD'S FULL NAME			CHILD'S HOME ADDRESS	ZIP CODE	PHONE
SEX  <input type="checkbox"/> M  <input type="checkbox"/> F	DATE OF		(FOR OFFICE USE) 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?			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:	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 (DURING HOURS OF CHILD CARE PROVIDED)	Other Telephone Number (Check type)
	<b>PARENT/ GUARDIAN</b>			<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)



## 2019 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 having your child attend camp. Every attempt will be made to honor days requested.

MID-WINTER PROGRAM SITE:  Northtown Center  Williamsville Youth Center

SPRING RECESS PROGRAM SITE:  Harlem Road Youth Center  Clearfield Youth Center

### Available Days of Service:

#### Mid-Winter Recess:

- Tues., Feb. 19  
 Wed., Feb. 20  
 Thurs., Feb. 21  
 Fri., Feb. 22

#### Spring Recess:

- Mon., Apr. 22  
 Tues., Apr. 23  
 Wed., Apr. 24  
 Thurs., Apr. 25  
 Fri., Apr. 26

#### Early Bird Option

7:30am-8:00am  
 - additional charge

#### Mid-Winter:

- Yes  
 No

#### Spring Recess:

- Yes  
 No

#### Extended Day Option

5:30pm-6:00pm  
 - additional charge

#### Mid-Winter:

- Yes  
 No

#### Spring Recess:

- Yes  
 No

**Please note:** Any child registered for camp on a day corresponding with a scheduled field trip is required to attend the field trip. There is an additional fee per child, per trip and fee will be included on your bill.

Please indicate which program/s your child attended/attends:  Recess Camp (Feb/Apr) 2018  After School Program 2018-19  Summer Camp 2018

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 pickup you children. Your children 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. It will 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. In case of 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. 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/Pager/Cell
	PARENT	

PARENT/GUARDIAN INITIALS	PARENTAL RESPONSIBILITY CONTRACT
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 be in attendance that day. No refunds are given for non-attendance.

**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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## MID-WINTER/SPRING RECESS CHECKLIST

### FOR OFFICE USE ONLY

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: \_\_\_\_\_

DO NOT ACCEPT INCOMPLETE APPLICATIONS