

CHILD'S FULL NAME		CHILD'S HOME ADDRESS	ZIPCODE	PHONE
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF Birth Registration		NAME OF PERSON APPLYING FOR CHILD <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	
	ADDRESS OF PERSON APPLYING FOR CHILD			ZIPCODE
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) _____		

PROGRAM SITE: <input type="checkbox"/> Amherst Youth & Family Center <input type="checkbox"/> Harlem Road Youth Center <input type="checkbox"/> North Amherst Rec. Ctr. <input type="checkbox"/> Clearfield Youth Center <input type="checkbox"/> Williamsville Youth Center (Sports Themed Camp) <input type="checkbox"/> Summer Explorers (for 12-14 yr. olds)	Early Bird Option: <input type="checkbox"/> Yes 7:30am-8:00am <input type="checkbox"/> No - additional charge Extended Day Option: <input type="checkbox"/> Yes 5:30pm-6:00pm <input type="checkbox"/> No - additional charge
Camp Weeks Attending Week 1: _____ Week 2: _____ Week 3: _____ Week 4: _____ Week 5: _____ Week 6: _____ Week 7: _____ Week 8: _____	

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)
	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:



IMMUNIZATION RECORD—SUMMER CAMP 2018

IMMUNIZATIONS

Include all Dates

DPT	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
ORAL POLIO	1st / /	2nd / /	3rd / /	Booster / /	Booster / /
Hib (Conjugate preferred)	1st / /	2nd / /	3rd / /	4th / /	
Hepatitis B	1st / /	2nd / /	3rd / /		
MMR	1st / /	2nd / /			

Other Immunizations

Type	Date / /
Type	Date / /
Type	Date / /

2018 SUMMER CAMP

PROGRAM SITE: Amherst Youth & Family Center Harlem Road Youth Center North Amherst Rec. Ctr.
 Clearfield Youth Center Williamsville Youth Center (Sports Themed Camp)
 Summer Explorers (for 12-14 yr. olds)

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 children will not be released to anyone not listed below. You (or any authorized individual listed) 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.

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	<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 agree to allow Amherst Youth & Recreation Program staff to use insect sting swabs and sunscreen on my child if necessary. (See program staff for more information.) I will provide sunscreen for my child.
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.	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).
6.	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.
7.	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.
8.	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.
9.	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.
10.	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. No refunds are given for non-attendance.
11.	I understand the camp will not provide coolers for my child's lunch. An insulated lunch bag is recommended.

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