



Town of
**Amherst Youth
& Recreation**
Department

Winter Camp 2015

PROGRAM INFORMATION

The Amherst Youth & Recreation Winter Camp is for youth ages 5-11. Children under 5 are not eligible.

Our Camp Program offers fun-filled educational activities, field trips, special interest groups and arts and crafts.

Activities are designed to enhance each child's social, emotional and physical growth/development. Children are encouraged to develop new assets and skills in a safe atmosphere of fun and fair play.

The Directors of our Camp are experienced and qualified. They are assisted by counselors who have been selected for their working skills, personality and experience in working with children.

The program operates from 8:00am-5:30pm at the site noted.

An Early Bird option is offered from 7:30-8:00am; available for an additional fee of \$1.00 per day, per child (resident); \$5.00 non-resident. An Extended Day option is offered from 5:30-6:00pm; available for an additional fee of \$1,00 per day, per child (resident); \$5.00 non-resident.

Lunches are required to be brought from home. Please have children bring a beverage as well.

Transportation to and from Camp must be provided by the parents.

PLEASE NOTE FOR REGISTRATION:

- All participants must complete a registration form.
- This program is regulated by the New York State Office of Children & Family Services

Winter Recess Camp

December 23—30, 2015

** CAMP LOCATION **

Williamsville Youth Center
5005 Sheridan Drive
Williamsville, NY 14221
633-8117

**For further information, call
the administrative office at 631-7132.**



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PROGRAM INFORMATION

Winter Recess Session Dates:

December 28—30, 2015

Camp offered at Williamsville Youth Center, 5005 Sheridan Dr.

Winter Camp Registration Dates:

Opens October 15, 2015

Registration:

Online by visiting www.amherstyouthandrec.org

Phone: 631-7132

Amherst Resident Fees

\$35 per day; \$5.00/day deposit required

\$30 for each additional family member

PLEASE NOTE: All fees must be paid on or before December 7, 2015 for your child to attend Winter Camp.

NON-Resident Fees*

Non-residents are students who live outside Amherst town boundaries yet attend school within the Sweet Home, Williamsville or Amherst school districts.

Registration fee—(non-refundable) - \$25 per family

Daily Camp Fee: \$50 per child

Early Bird/Extended Day Option: \$5.00 per child/per option

* First priority given to Town of Amherst residents.



CHILD'S FULL NAME		CHILD'S HOME ADDRESS	ZIPCODE	PHONE
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF		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?		E-MAIL ADDRESS		
GRADE IN SCHOOL		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)
	PARENT/ GUARDIAN			
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <input type="checkbox"/> Cell <input type="checkbox"/> Other
				<input type="checkbox"/> Pager <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)

2015 WINTER CAMP**PROGRAM SITE: Williamsville Youth Center****Available Dates of Service:****Day 1:** Mon., Dec. 28 _____**Day 2:** Tues., Dec. 29 _____**Day 3:** Wed., Dec. 30 _____**Early Bird Option:** Yes7:30am-8:00am No

- additional charge

Extended Day Option: Yes5:30pm-6:00pm No

- additional charge

Please indicate below which program/s your child attended/attends: Recess Camp (February/April) 2015 After School Program 2015-16 Summer Camp 2015

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 they are 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 procedure: <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.	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



WINTER RECESS CHECKLIST

FOR OFFICE USE ONLY

Child's Name _____

	YES	NO
1. A. Is your child between the ages of 5-11 years?	_____	_____
B. Registration Fee paid? (\$15.00 resident; \$25 non-resident)	_____	_____
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:		