AMHERST YOUTH & RECREATION RECESS CAMP REGISTRATION INFORMATION

CHILD'S FULL NAME	CHILD'S HOME ADDRESS	ZIP CODE	PHONE

NAME OF PERSON APPLYING FOR CHILD ☐ Parent ☐ Guardian

SEX	DATE OF	
☐ M ☐ F	Birth	Registration

ADDRESS OF PERSON APPLYING FOR CHILD | ZIP CODE

WHAT SCHOOL DOES THE CHILD ATTEND?

E-MAIL ADDRESS

GRADE YOUR CHILD IS CURRENLY IN:

WHO DOES THE CHILD LIVE WITH?
☐ Both Parents ☐ Mother ☐ Father ☐ Guardian ☐ Other (specify) _____

Child's Source of Medical Care/Primary Care Physician's Name: MUST BE FILLED OUT — Telephone Number: MUST BE FILLED OUT

Child's Source of Dental Care/Dentist's Name: MUST BE FILLED OUT — Telephone Number: MUST BE FILLED OUT

Name of Medical Care Facility/Hospital: MUST BE FILLED OUT — Telephone Number: MUST BE FILLED OUT

EMERGENCY DATA

RELATIONSHIP	CONTACT NAME	TELEPHONE NUMBER & ADDRESS (DURING HOURS OF CHILD CARE PROVIDED)	Other Telephone Number (Check type)
PARENT/ GUARDIAN			☐ Cell ☐ Other
			☐ Cell ☐ Other
			☐ Cell ☐ Other
			☐ Cell ☐ 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)

2026 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.

WINTER PROGRAM SITE: Harlem Youth Center

Available Days of Service:

Mid-Winter Recess:

- ☐ Mon., Dec. 28
- ☐ Tues., Dec. 29
- ☐ Wed., Dec. 30
- ☐ Thurs., Dec. 31

Early Bird Option	Winter:
7:30am-8:00am	☐ Yes
- additional charge	☐ No

Extended Day Option	Winter:
5:30pm-6:00pm	☐ Yes
- additional charge	☐ 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) 2026 ☐ After School Program 2026 ☐ Summer Camp 2026

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 child(ren). 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. lt 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 lD 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/Guardian	

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: • 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.	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.
9.	I understand registration forms are due on 12/3/26 for December camp. ***CAMPERS MISSING FORMS AFTER DUE DATES WILL BE REMOVED FROM ROSTER.***

I, the undersigned have read, understand, and accept the conditions by which I must abide and which are contained in the Parental/Guardian Responsibility Contract, Program Handbook, and the Allergy & Anaphylaxis Policy posted on the website. Failure to comply may result in loss of program privileges.

SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE	DATE

Town of Amherst Youth & Recreation Department

WINTER 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