

CHILD'S FULL NAME		CHILD'S HOME ADDRESS	ZIPCODE	PHONE
SEX  <input type="checkbox"/> M  <input type="checkbox"/> F  <input type="checkbox"/> NB	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 YOUR CHILD IS CURRENTLY IN:		WHO DOES THE CHILD LIVE WITH?		
Please indicate below which program/s your child attended/attends: <input type="checkbox"/> After School Program 2025 <input type="checkbox"/> Summer Camp 2025		<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"/> Northwest Center <input type="checkbox"/> Clearfield Youth Center <input type="checkbox"/> Summer Explorers: Sweet Home Middle School (for 12-14 yr. or entering 7 <sup>th</sup> grade)	<input type="checkbox"/> Harlem Youth Center <input type="checkbox"/> Williamsville Youth Center (Sports Themed Camp)	<input type="checkbox"/> North Amherst Rec. Ctr. (Sports Themed Camp)	<b>Early Bird Option:</b> 7:30am-8:00am - additional charge Yes <input type="checkbox"/>
CAMP WEEKS ATTENDING:							<b>Extended Day Option:</b> 5:30pm-6:00pm - additional charge Yes <input type="checkbox"/>
Week 1: June 29 - July 3 (NO CAMP July 3 <sup>rd</sup> ) _____ Week 2: July 6-10 _____ Week 3: July 13 - 17 _____ Week 4: July 20 - 24 _____ Week 5: July 27 - 31 _____ Week 6: Aug 3 - 7 _____ Week 7: Aug 10 - 14 _____ Week 8: Aug 17 - 21 _____							
Child's Source of Medical Care/Primary Care Physician's Name:						Telephone Number:	
MUST BE FILLED OUT						MUST BE FILLED OUT	
Child's Source of Dental Care/Dentist's Name:						Telephone Number:	
MUST BE FILLED OUT						MUST BE FILLED OUT	
Name of Medical Care Facility/Hospital:						Telephone Number:	
MUST BE FILLED OUT						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					<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 2026

## 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 / /

**2026 SUMMER CAMP**

PROGRAM SITE: ☐ Northwest Amherst Ctr. ☐ Harlem Road Youth Center ☐ North Amherst Rec. Ctr.  
☐ Clearfield Youth Center ☐ Williamsville Youth Center NARC (Sports Theme)  
☐ Summer Explorers: Sweet Home Middle School (for 12-14 yr. or entering 7<sup>th</sup> grade)

*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).***

<u>Name (First/Last)</u>	<u>Relationship to Child</u>	<u>Phone/Cell</u>
	<b>Parent/Guardian</b>	

<b>PARENT/GUARDIAN INITIALS</b>	<b><u>PARENTAL/GUARDIAN RESPONSIBILITY CONTRACT</u></b>
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 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 parent/guardian MUST submit a list of persons authorized to pick-up their child(ren). Photo ID must be provided for all individuals authorized for pick-up.
6.	I will take all steps necessary to insure that any/all individuals authorized to pick-up my child 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"><li>• A \$7.00 fee per child will be assessed for every 15 minutes a child remains at program past 6:00pm (ex. 6:01-6:15pm-\$7.00 per child; 6:16- 6:30pm-\$14.00 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>
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.	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.
10.	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/Guardian Responsibility Contract, Program Handbook, and the Allergy & Anaphylaxis Policy posted on the website.**  
**Failure to comply may result in loss of program privileges.**

<b>SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE</b>	<b>DATE</b>