



AFTER SCHOOL 2026-2027

Amherst, Sweet Home, & Williamsville School Districts

After school programs are available for students in K-6th grade who attend school in the Town of Amherst. The programs operate Monday—Friday during after school hours.

**All programs are licensed by:
Office of Children and Families (OCFS)**

- Daily Homework Help Time
- Warm & Caring Environment
- Theme Based Curriculum
- Outdoor Games
- Friendly & Qualified Staff
- Arts & Crafts



| After School Program Locations and School Districts Served | |
|---|---|
| Amherst | Harlem Road Community Center 4255 Harlem Road |
| Sweet Home | Northwest Amherst Community Center 220 North Pointe Parkway |
| Williamsville | Clearfield Youth Center 730 Hopkins Road |
| Williamsville | Williamsville Youth & Family Center 5005 Sheridan Drive |

Eligibility: Registration is open to all Town of Amherst residents and non-residents whose children are currently enrolled in K-6th grade at an Amherst, Williamsville, or Sweet Home District School.

Amherst Resident Fees

- \$20 Non-Refundable Registration Fee Per Family
- Fees are applied using a sliding scale, based upon the family’s most recent federal tax return, (1040 Form)
- Optional Extended Day Program (5:30-6:00pm) available for additional \$1/day per child

Non-Resident Fees

- \$30 Non-Refundable Registration Fee Per Family
- Daily Fee: \$25 per child
- Optional Extended Day Program (5:30-6:00pm) available for additional \$5/day per child

Questions? Contact: 716-631-7132



2026—2027 AFTER SCHOOL PROGRAM

General Information



Eligibility: Registration is open to all Town of Amherst residents and non-residents whose children attend an Amherst, Williamsville, or Sweet Home District School. Applicants must be enrolled in Kindergarten through 6th grade by September 2026.

Priority acceptance for this program is based on the following qualifications:

1. Children currently enrolled in the After School Program
2. All other applicants (Town residents and non-residents). Town residents will receive priority over non-residents.

Town of Amherst Resident Program Fees:

- Fees are applied using a sliding scale, based upon the family’s most recent federal tax return (1040). ***If no 1040 form is submitted with registration, the cost of the program will be at the Step C level.***
- Family applies to any parent or guardian, even if filing separately. An optional Extended Day Program (5:30-6:00pm) is available for an additional \$1.00/day per child (**Registration Required!**) Non-Registered Extended Day is \$3/day.

All resident applicants will be placed in an income step based on the family’s most recent federal tax return, (1040).

| STEP | INCOME | FEE PER CHILD PER DAY |
|------|-----------------|-----------------------|
| A | \$0—49,000 | \$11.00 |
| B | \$50,000—74,999 | \$13.00 |
| C | \$75,000+ | \$15.00 |

****Scholarship assistance may be available for those who qualify****

Non-Resident Program Fees:

- Non-residents are students who live outside of the Town of Amherst boundaries, yet attend school within the Amherst or Williamsville.
- Daily Fee: \$25.00 per child; Extended Day Program: \$5.00/day per child. (Registration Required!) Non-Registered Extended Day is \$7/day.

Payments:

- Fees will be assessed on a monthly basis. Payment in full is **due on or before the 15th of the month prior to program attendance.**
- Early dismissal days are billed at double your daily rate.



AMHERST YOUTH & RECREATION AFTER SCHOOL REGISTRATION INFORMATION

****PLEASE WRITE LEGIBLY/COMPLETE ALL BOXES****



| | | | | |
|---|-----------------|------------------------------|--|---|
| CHILD'S FULL NAME | | CHILD'S HOME ADDRESS | | PHONE () |
| | | CITY | | ZIPCODE |
| SEX <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> NB | DATE OF | | Office Use Only INCOME 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? | | | EMAIL ADDRESS | |
| GRADE YOUR CHILD WILL BE ENTERING IN SEPTEMBER: | | | WHO DOES THE CHILD LIVE WITH? Other (Specify) | |
| | | | <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> _____ | |
| Primary Care Facility/Physician (Name, Address): <i>Must Be Filled Out</i> | | | | Telephone Number: <i>Must Be Filled Out</i> |
| Dental Care Facility/Dentist (Name, Address): <i>Must Be Filled Out</i> | | | | Telephone Number: <i>Must Be Filled Out</i> |
| Preferred Medical Care Facility/Hospital (Name, Address): <i>Must Be Filled Out</i> | | | | Telephone Number: <i>Must Be Filled Out</i> |
| EMERGENCY DATA | RELATIONSHIP | CONTACT NAME | ADDRESS | 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 |
| Please provide any information that will assist us when working with your child, (diets, habits, etc.): | | | | |
| Does your child receive special services? (IEP, 504, Speech, OT, PT) | | | | |
| Medications: | | | | |
| Allergies: | | | | |
| AGREEMENT | | | | |
| <ul style="list-style-type: none"> • 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. • I will provide a most recent copy of my 1040 tax form or I will be placed at the highest step of the sliding scale fee for the program(s). | | | | |
| SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE | | | | DATE: |
| OFFICE USE ONLY | | | | |
| DATE | ILLNESS | ACCIDENT (Describe Injuries) | | |
| | | | | |
| | | | | |



PARENTAL RESPONSIBILITY CONTRACT

| | |
|-----|--|
| 1. | I, the undersigned, certify that my registered 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 hereby expressly waive any claim for injuries sustained by said child participating in the program. I have read the parent handbook and allergy and anaphylaxis policy on the website. |
| 2. | I understand this is a well child program. I will not send my child to the program if they are ill or did not attend school due to illness. |
| 3. | I understand that I cannot send my child on an unregistered attendance day without prior approval from the Program Director. |
| 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. | I understand that the Amherst Youth Program is in compliance with the CACFP for snack. Any snack provided by parent/guardian will meet CACFP guidelines. |
| 6. | I agree to allow the Amherst Youth Program staff to use insect sting swabs and sunscreen on my child if necessary. (See program staff for more information). |
| 7. | I understand this program follows the Amherst/Williamsville/Sweet Home Elementary School District calendars. |
| 8. | I understand that it is my responsibility to make bussing arrangements with the appropriate school district transportation office prior to starting the 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 After School Child Care Program by 2:00pm (10am on early dismissal days) to inform them of this. Failing to do so will result in the following procedures: <ul style="list-style-type: none"> • Program staff will attempt to contact and speak with any adult listed on your child's registration form. If staff are unable to speak with parent/adult listed they will call the Amherst Police Dept. and they will attempt to locate your child. • The first and second time this occurs, I will be verbally informed that failing to call may result in my child's loss of After School Child Care Program services. The third time this occurs, I will receive written notification that my child has been removed from program with no refund for unused days. |
| 10. | 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). |
| 11. | I will take all steps necessary to insure that any/all individuals authorized to pick-up my child(ren) will be drug/alcohol free and will conduct themselves in a courteous/respectful manner when they arrive on site. |
| 12. | I realize that picking-up my child(ren) by 5:30pm (or 6:00pm if enrolled in the Extended Day 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 \$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). • 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 has been removed from the program with no refund for unused days. |
| 13. | 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. |

AFTER SCHOOL PROGRAM PAYMENT AGREEMENT

| | |
|-----|--|
| 15. | I understand if I change schedules or withdraw my child before the end of the month, I will forfeit any monies paid for that month's attendance. |
| 16. | Payments are due on or before the 15th of the month preceding attendance of program. Payments received after the 15th will incur a \$25.00 late charge. |
| 17. | If payment due remains unpaid by the last day of the month in which it is due, parent/guardian agrees to withdraw the child from the program as of the first day of the following month. |
| 18. | A child who is withdrawn from the program for non-payment can re-register for services (if space is available) by paying: <ul style="list-style-type: none"> • An additional \$20 registration fee plus payment of any/all outstanding balances due for previous service and payment for all days of service to be used within that month prior to the first day of attendance. |

REFUND POLICY: No refunds will be given for program(s). 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 found online at www.amherstyouthandrec.org. Failure to comply may result in loss of program privileges.

| | |
|--|------|
| SIGNATURE OF PARENT OR PERSON(S) LEGALLY RESPONSIBLE | DATE |
|--|------|



AFTER SCHOOL CHILD CARE REGISTRATION CHECKLIST



Child's Name _____

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Is child between K—6th Grade? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Registration Fee Included? (\$20 resident; \$30 non-resident) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. <u>Non-Resident Only:</u> | | |
| • Does this child attend an Amherst, Sweet Home or Williamsville School? | <input type="checkbox"/> | <input type="checkbox"/> |
| • If yes, which school? _____ | | |

FORMS SUBMITTED

- Registration
- Days of Attendance/Pick-Up Procedures
- Parent Responsibility Contract/Payment Agreement
- NYS Income Eligibility Form (***MANDATORY! All families must complete form***)
- MOST RECENT 1040 TAX FORM** (Not Needed for Income Step C)

PROGRAM SITE:

- Harlem Road Community Center**
(Amherst School District)
- Northwest Amherst Community Center**
(Sweet Home School District)
- Clearfield Youth Center**
(Williamsville School District)
- Williamsville Youth Center**
(Williamsville School District)

For Office Use Only

| | | |
|---------------------|---------------------|--|
| | | Place as Step "C" if 1040 form not included. |
| Income Step: | | |
| Date: | Accepted By: | |

DO NOT ACCEPT INCOMPLETE APPLICATIONS

See INSTRUCTIONS on reverse.

CHILD CARE CENTER NAME _____

Print the name of the child(ren) enrolled in this child care center

1. _____ 2. _____ 3. _____

Complete SECTION A if anyone in your household

- 1. Participates in the Supplemental Nutrition Assistance Program (SNAP)
- 2. Receives Temporary Assistance to Needy Families (TANF)
- 3. Participates in the Food Distribution Program on Indian Reservations (FDPIR) OR
- 4. Is a foster child

SECTION A

SNAP Case # _____

TANF # _____

FDPIR # _____

Names of Foster Children

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true. I understand that the center will get Federal funds based on the information I give.

Signature _____

Date _____

FOR THE CHILDCARE CENTER TO COMPLETE

CACFP Agreement # _____

Total Number of Household Members _____
(INCLUDING FOSTER CHILDREN, IF APPLICABLE)

Total Household Income \$ _____

Free _____ Reduced _____ Paid _____

Date of Determination _____

Signature of Center Staff _____

Complete SECTION B if no one in your household participates in SNAP, receives TANF, participates in FDPIR or if none of the children enrolled in the child care center is a foster child.

SECTION B

List all household members below. Include yourself and all adults and children NOT listed above, even if they do not receive income. Then list all income received **last month** in your household in the column to the right. Gross income includes: earnings from work, pensions, retirement, Social Security, child support, foster child's personal income and any other sources of income.

| HOUSEHOLD MEMBER NAME | MONTHLY GROSS SALARY |
|-----------------------|----------------------|
| 1. _____ | \$ _____ |
| 2. _____ | \$ _____ |
| 3. _____ | \$ _____ |
| 4. _____ | \$ _____ |
| 5. _____ | \$ _____ |
| 6. _____ | \$ _____ |
| 7. _____ | \$ _____ |

An adult household member must sign the application before it can be approved. After reading the following statement and the statement on the back, sign below.

I certify that the above information is true and that all income is reported. I understand that the center will receive Federal funds based on the information I give.

Signature _____

Print Name _____

LAST FOUR (4) DIGITS OF SOCIAL SECURITY NUMBER

| | | | |
|--|--|--|--|
| | | | |
|--|--|--|--|

Date _____

This institution is an equal opportunity provider.