



Town of Amherst Youth & Recreation

MID-WINTER AND SPRING RECESS CAMPS 2012

PROGRAM INFORMATION



Mid-Winter & Spring Recess Camps

Registration Dates:

December 5 - December 9, 2011
9:00am - 5:30pm

Mid-Winter Recess Camp Session Dates:

February 21 - February 24, 2012

Camp offered at Harlem Road Youth Center, 4255 Harlem Rd.
& Williamsville Youth Center, 5005 Sheridan Dr.

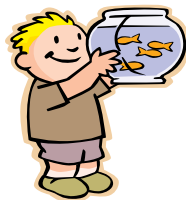
Registration Location:

Amherst Youth & Recreation Office
Northtown Center at Amherst
1615 Amherst Manor Dr.
Phone: 631-7132

Spring Recess Camp Session Dates:

April 9 - April 13, 2012

Camp offered at Harlem Road Youth Center, 4255 Harlem Rd.
& Williamsville Youth Center, 5005 Sheridan Dr.



Amherst Resident Fees

Sliding Scale Fee Schedule - per child

INCOME	# OF CHILDREN ENROLLED (DAILY FEE)			
	1	2	3	4
\$0 - 29,999	\$17.00	\$30.00	\$45.00	\$60.00
\$30,000 - 49,999	\$25.00	\$45.00	\$65.00	\$85.00
\$50,000 - 74,999	\$30.00	\$55.00	\$80.00	\$100.00
\$75,000 and over	\$36.00	\$70.00	\$100.00	\$130.00

A \$15 non-refundable registration fee is required for each family. Fees are charged daily according to a sliding scale, based upon the family's most recent federal tax return (1040). Family applies to both husband and wife, even if filing separately.

Please note: All fees must be paid on or before February 3, 2012 for your child to attend the Mid-Winter and/or Spring Recess Camp program.

CREDIT CARD, CHECK OR MONEY ORDER ONLY.

Scholarships available to those who qualify.



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: \$40 per child

Early Bird/Extended Day Program:

\$5.00 per child/per option

*** First priority is given to Town of Amherst residents.**



Town of Amherst Youth & Recreation

MID-WINTER & SPRING RECESS CAMPS 2012

PROGRAM INFORMATION

The Amherst Youth & Recreation President's Week & Spring Recess Programs are for youth ages 5-11. Children under 5 are not eligible.

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

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

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



Programs operate Monday-Friday from 8:00am - 5:30pm at the sites noted.

An Early Bird Program 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 Program 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.

Scholarships are available to those who qualify.



PLEASE NOTE FOR REGISTRATION:

- A copy of your most recent tax form (1040) is required as proof of income and residency.
- All participants must complete a registration form.
- This program is regulated by the Erie County Office of Children & Family Services.

MID-WINTER RECESS CAMP

Feb. 21 - Feb. 24, 2012

SPRING RECESS CAMP

Apr. 9 - Apr. 13, 2012

LOCATIONS:

Harlem Road
Youth Center
4255 Harlem Road
Amherst, NY 14226

Williamsville Youth Center
5005 Sheridan Drive
Williamsville, NY 14221



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

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



TOWN OF AMHERST YOUTH & RECREATION

ERIE COUNTY, NEW YORK

Northtown Center at Amherst
1615 Amherst Manor Dr.
Amherst, New York 14221
Youth Board – (716) 631-7132
www.amherst.ny.us

DR. BARRY WEINSTEIN
Supervisor

GUY R. MARLETTE
Deputy Supervisor

MARY-DIANA POULI
Executive Director

Winter 2011

Dear Parent(s):

The staff at the Amherst Youth Program are making final preparations for our Mid-Winter and Spring Recess Camp Programs. Selection for this program is determined by a priority system and includes a sliding scale fee.

Only completed applications will be processed at the following locations and times:

<u>LOCATION</u>	<u>DATES</u>	<u>REGISTRATION TIME</u>
Amherst Youth & Recreation 1615 Amherst Manor Dr.	December 5 - 9, 2011	9:00am-5:30pm

Applications are not processed on a first-come, first-served basis during the registration period, so feel free to stop in at your convenience.

When filling out the application, please pay special attention to the instructions. Incomplete applications will not be processed. *All applicants will be notified of their status by: **January 20, 2012.*** Payment for the Mid-Winter and Spring Recess Camp Programs are due on or before February 3, 2012. If payment is not received by this date, your child's reserved spot will be assigned to another participant who has requested service during this time period. Payments can be mailed to or dropped off at the Amherst Youth & Recreation Dept., 1615 Amherst Manor Dr., Amherst, NY 14221, Attn: SPRING CAMP.

PLEASE NOTE: WE DO NOT ACCEPT CASH PAYMENTS. CHECK, CREDIT CARD, MONEY ORDER OR BANK DRAFT ARE ACCEPTABLE FORMS OF PAYMENT.

We look forward to your child's participation in this program. Please contact our office at 631-7132 if you have any questions regarding the Recess Camp Programs or the registration process.

Sincerely,

The Amherst Youth Program Staff

AMHERST YOUTH PROGRAM CAMP / RECESS REGISTRATION INFORMATION



CHILD'S FULL NAME			CHILD'S HOME ADDRESS	ZIPCODE	PHONE
			NAME OF PERSON WHO IS APPLYING FOR CHILD <input type="checkbox"/> Parent <input type="checkbox"/> Guardian		
SEX <input type="checkbox"/> M <input type="checkbox"/> F	DATE OF		(FOR OFFICE USE) STEP	ADDRESS OF PERSON WHO IS APPLYING FOR CHILD	
	Birth	Registration		ZIPCODE	
			PRIORITY	E-MAIL ADDRESS FOR BILLING PURPOSES (Help us help the environment by providing your e-mail).	
WHAT SCHOOL DOES THE CHILD ATTEND?			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:
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Child's Source of Dental Care/Dentist's Name:	Telephone Number:
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Name of Medical Care Facility/Hospital:	Telephone Number:
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EMERGENCY DATA	RELATIONSHIP	CONTACT NAME	BUSINESS NAME, ADDRESS & PHONE NUMBER (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.):
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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.

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

FOR OFFICE USE ONLY

DATE	ILLNESS	ACCIDENT (describe injuries)

2012 MID-WINTER & SPRING RECESS CAMPS

Please indicate PROGRAM SITE:

Williamsville Youth Center (5005 Sheridan Dr.)

Harlem Road Youth Center (4255 Harlem Rd.)

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 having your child attend camp. Every attempt will be made to honor the days requested. (There will be no service on Monday, February 20 and Friday, April 6).

Available Days of Service:

<u>Mid-Winter Recess:</u>	<u>Spring Recess:</u>
<input type="checkbox"/> Tues., Feb. 21	<input type="checkbox"/> Mon., Apr. 9
<input type="checkbox"/> Wed., Feb. 22	<input type="checkbox"/> Tues., Apr. 10
<input type="checkbox"/> Thurs., Feb 23	<input type="checkbox"/> Wed., Apr. 11
<input type="checkbox"/> Fri., Feb. 24	<input type="checkbox"/> Thurs., Apr. 12
	<input type="checkbox"/> Fri., Apr. 13

Early Bird Program:

<u>Mid-Winter:</u>	<u>Spring Recess:</u>
(7:30am-8:00am) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
-additional charge <input type="checkbox"/> No	<input type="checkbox"/> No

Extended Day Program:

<u>Mid-Winter:</u>	<u>Spring Recess:</u>
(5:30pm-6:00pm) <input type="checkbox"/> Yes	<input type="checkbox"/> Yes
-additional charge <input type="checkbox"/> No	<input type="checkbox"/> No

Please note: Any child registered for camp on a day corresponding with a scheduled field trip is required to attend the field trip. There is an additional fee for the field trip per child, per trip. This fee will be included on your bill.

Please indicate below which program/s your child attended this year:

Recess Camp (February/April) 2011

After School Program 2011-2012

Summer Camp 2011

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 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 this list, you must call the program leader to tell them who will make the pick-up and that individual must present proper picture identification. Thank you for your cooperation with this matter.

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

- _____ I, the undersigned, certify that my child _____ has my permission to take part in the program conducted by the Amherst Youth & Recreation Dept. 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.
- _____ I understand this is a well child program. I will not send my child to the program if they are ill.
- _____ 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.
- _____ 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 I.D. must be provided by those individuals authorized to pick up your child(ren).
- _____ 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.
- _____ I realize that picking up my child(ren) by 5:30pm (or 6:00pm if 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. 6.01pm-6:15pm=\$5.00 per child; 6:16pm-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.
- _____ 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.
- _____ 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 the Youth Board and/or this program.
- _____ 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.

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

(FOR OFFICE USE ONLY)

Please indicate
PROGRAM SITE:

Williamsville Youth Center
(5005 Sheridan Drive)

Harlem Road Youth Center
(4255 Harlem Road)

MID-WINTER & SPRING RECESS CHECK LIST

Child's Name _____

		YES	NO
1.	A. Is child between the ages of 5 - 11 years?	_____	_____
	B. Registration fee paid? (\$15.00 resident) (\$25.00 non-resident)	_____	_____
2.	A. Most recent 1040 tax form? (NO W-2's accepted)	_____	_____
3.	A. Early Bird Program (7:30am-8:00am)	_____	_____
	B. Extended Day Program (5:30pm-6:00pm)	_____	_____
4.	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	_____	_____
5.	Non-resident?	_____	_____
6.	Where did applicant hear about our program?		
	___ Program & Services Guide Listing		
	___ Already Attend Youth Program		
	___ Friend/Relative		
	___ Child's School		
	___ Newspaper		
	___ Other -- Please specify: _____		

Additional Comments:

Income Step _____** Priority _____ Date: _____ Accepted By: _____

*****Place at Top Level if application has no tax form***

DO NOT ACCEPT INCOMPLETE APPLICATIONS