



2026 TRZ SUMMER PROGRAM
RETURNING STUDENT INFORMATION UPDATE FORM
(One child per form)

The Relief Zone Inc.
5 Frew Run St. Box 334
Frewsburg, NY 14738
716-569-2614
trz@thereliefzone.net
www.thereliefzone.net

Name of Child: _____ Grade 2026-2027 School year: _____ Age: _____ Date of Birth: / /

Parent/Guardian: _____ Email Address: _____

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****PLEASE NOTIFY TRZ OF ANY CHANGES IN SCHEDULE****

WEEKS ATTENDING: (please fill in which weeks your child will attend)

SUMMER \$225/week Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Week 7 Week 8 Week 9
(Out of district students \$250/week)

All payments are made through "Procare". You will be invoiced on Wednesday for the following week's attendance. Invoices are due on Friday prior to week of attendance. There is a \$50 registration fee per child for summer programming. Children will not be admitted to program until all outstanding balances have been paid in full.

Signature _____ DATE _____

Other information that may need to be updated for your child (Medical history and/or needs, triggers etc.):

Important – This Box Needs to Be Completed for TRZ Program Attendance

Publicity photos may be taken throughout the program duration. I allow my child to be included in photos. Yes No

Authorization for Treatment:

I give my child permission to attend TRZ Kidz Programming. I have read the Parent Handbook (on TRZ webpage or Procure App) and I and my child/children understand and agree to the code of conduct and the program rules. I also understand that on Summer Day Camp Days the children may be walking to RHJ playground/nature trail, Town Park playground/nature trail, Frewsburg Lanes, Frewsburg Fire Department, Frewsburger Pizza Shop, Myers Library, or other local establishments. I give my child permission to go swimming off-site (FCS Pool). I hereby give permission to staff to assist in the application of sunscreen to my child when necessary. By signature below, I hereby release TRZ from all responsibility and liability for any injury or illness my child may sustain. In the event of a medical emergency, I give an adult leader of this program consent to any medical treatment my child may require. I give permission to the medical personnel selected by the director to order X-Rays, routine tests, treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to secure and administer treatment, including hospitalization, for the person named above. The completed forms may be photocopied.

Signature of Parent or Guardian _____ Date _____

2026 TRZ SUMMER CHILD DROP OFF/PICK UP PROCEDURES

Drop Off: 7:00am – 8:20am

- Pull vehicle up to facility on Frew Run Side
- Call 489-9067 or 569-2614 to notify staff of your arrival
- Staff member will meet you at your vehicle to sign child in & walk into facility

Pick Up: 3:30pm – 5:30pm

- Pull vehicle up to facility on Frew Run Side
- Call 489-9067 or 569-2614 to notify staff of your arrival
- Staff member will meet you at your vehicle to sign child out & release to you

ADD TO PICK UP LIST If you would like to add additional adults to pick up your child, provide their information below

1. Name: _____ Phone # _____ Relationship to Child: _____

2. Name: _____ Phone # _____ Relationship to Child: _____