



Child Care Registration

Santa Maria Valley YMCA

Kinderbridge 2010-2011

Start Date _____ Days Attending M T W Th F
 \$60.00 per month must qualify for financial assistance.

How did you hear about our program? _____

Child's First Name: _____ MI: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: (____) _____ E-mail: _____

Sex: _____ Birthdate: _____ Age: _____ School: _____ Grade _____

Mother/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Father/Guardian: _____ Cell Phone: (____) _____

Employer: _____ Work Phone: (____) _____

Emergency Contact (other than parents or physician): _____ Relationship: _____ Phone: (____) _____

Does your child have any limitations or special medical or behavioral concerns that we should be aware of: (medications, allergies or other)? _____

Physician _____ Date of last examination: _____ Immunizations current? Yes No

Physician Address: _____ Phone (____) _____

Dentist _____ Phone (____) _____

Dentist Address _____

Persons Authorized to pick-up child (must be at least 18 years)

Mother/Guardian yes no Father/Guardian yes no

Other people authorized to pick up your child

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>
_____	_____	(____) _____	_____
_____	_____	(____) _____	_____

Persons NEVER Authorized to pick-up child (Please attach legal documentation if available)

Release/Participation: I am the parent or guardian of the participant. I give permission for my child to participate in YMCA activities including transportation. I understand that accidents can sometimes happen. Therefore, in exchange for the YMCA allowing my child to participate in YMCA activities, I understand and expressly acknowledge that I release the YMCA, its employees, boards, members, volunteers or guests from all liability for any injury, loss or damage connected in any way whatsoever to participation in YMCA activities whether on or off the YMCA's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the YMCA, its employees, boards, members, volunteers or guests.

Medical Treatment: I give permission for YMCA staff or volunteers to provide emergency medical treatment for my child, and to transport to an emergency center for treatment. Also, I consent to medical treatment for my child deemed immediately necessary or advisable by a physician.

Insurance: I understand that the YMCA does not provide any accident or health insurance for its members or participants and further understand it is my responsibility to provide such coverage.

Member Conduct: I agree for myself and my child to abide by the YMCA code of conduct and all policies and procedures of the Santa Maria Valley YMCA.

Property Loss: The YMCA is not responsible for personal property lost, damaged or stolen while participating in YMCA programs or using YMCA facilities, including parking lots.

Photograph Permission: I give permission for the YMCA to use, without limitation or obligation, photographs, film footage or tape recordings which may include my child's image or voice for purposes of promoting or interpreting YMCA programs.

Signature of Parent/Guardian: _____ **Date:** _____

Santa Maria Valley YMCA

YAFTERSCHOOL™

We build strong kids, strong families, strong communities.

The YMCA is proud to offer afterschool kinder care at Robert Bruce elementary. The site is limited to 25 students at the very low cost of \$60.00 per month. With a special thanks to the YMCA annual campaign and the Henry Mayo foundation, which are augmenting the \$104.88 balance per child. Parents will need to register at the YMCA. YMCA kinderbridge will be follow ASES criteria and curriculum to include; homework time, healthy snack, structured outdoor activities, enrichment activities, skills based projects, games, arts and crafts. Hours of care are after am kindergarten until 6:00 pm. Transportation is the responsibility of the parents.



Santa Maria Valley YMCA

In an effort to make our fees affordable for everyone in our community, the YMCA provides a sliding fee scale for child care based on annual gross household income and family size.

The sliding fee scale is supported by the YMCA's financial assistance program and is funded by contributions to our annual campaign. YMCA financial assistance provides for the needs of youth, families and individuals within our community. The YMCA makes every effort to ensure that no person, especially youth, will be denied access to programs because of inability to pay.

Sliding Fee Scale

Percentage of YMCA Assistance

Gross Annual Income of Household	Household Size			
	2	3	4	5
0-14,499	40%	40%	40%	40%
14,500-16,391	30%	40%	40%	40%
16,392-22,089	20%	30%	40%	40%
22,090-27,787	10%	20%	30%	40%
27,788-33,485	5%	10%	20%	30%
33,486-39,123	5%	5%	10%	20%
39,124-44,881	0	5%	10%	20%

Additional assistance may be requested for larger families or extenuating circumstances.

How do I receive the sliding fee child care rates?

Complete a YMCA Financial Assistance Application with a copy of last year's W2 form and the previous month's pay stubs and bring to the Santa Maria Valley YMCA with your child care enrollment forms. Applications will be kept confidential. You will begin receiving financial assistance upon approval of your completed application and proper documentation.

Where can I obtain a Financial Assistance Application?

The Financial Assistance Application can be obtained at the Santa Maria Valley YMCA Branch or ask the enrollment specialist to mail, fax or e-mail you a copy of the Application.

What if I think I might qualify for State child care subsidies?

Families that are eligible for assistance on the sliding fee scale may qualify for child care subsidies from the Department of Social Services, Department of County Ed., or Calworks and must submit an application for subsidies to the respective agencies in conjunction with the YMCA Financial Assistance Application. YMCA financial assistance will be granted for up to one month pending qualification. If you do not meet qualifications of these programs you still may be assisted by the YMCA.



YMCA

We build strong kids,
strong families, strong communities.

Santa Maria Valley YMCA Financial Assistance Application

New Application Renewal



Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number(s): Day _____ Evening _____

Employer Name _____ School _____

Children (under age 18) _____ Household Size: Adults _____

Household Member Names:	Employer/School	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Check all programs that you are applying for:

Membership (check one)

- Youth (0-13) Student (14-17) Adult (18+) Senior (62+)
 Family (no more than 2 adults) Senior Couple (62+)

Programs (check all that apply)

- Before School Care Kindergarten Care Infant/Toddler Care Swimming
 After School Care Preschool Care Other _____
 Camp _____, _____ Youth Sports

Total Monthly Gross Household Income (must be completed for processing)

Wages/Salary _____ Child Support _____
Social Security Income _____ Unemployment _____
Tips/Commission _____ Family Support _____
Other _____ Total Income \$ _____

The following documentation of need must be provided by the applicant for processing:

- Prior year's federal income tax 1040 return and current month's pay stubs (for all household members); or
- Federal or state agency award letter (e.g. AFDC, Social Security, 1099A, SSI Award Letter)

Please explain why you would like to be considered for financial assistance. Include any special circumstances. (Medical bills, illness, unemployment) _____

I certify that the above information is true and complete to the best of my knowledge.

Applicant Signature _____

Date _____

For office use only

Documentation Included _____ Date Received _____
Monthly Amount _____ Joiner Amount _____