

# Stonestown Family YMCA

## 2018-2019 Before/After School Registration



### STONESTOWN Y PROGRAM LOCATION

School:

- COMMODORE SLOAT    FAIRMOUNT    JOSE ORTEGA    MIRALOMA

### APPLICANT INFORMATION

Student's Name: \_\_\_\_\_ Gender:  M  F  \_\_\_\_\_

Entering Grade (2018 - 2019 School Year): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City Zip Code

Parent/Guardian E-mail: \_\_\_\_\_

Household Income: Please Check One

- \$0-\$13,999    \$14,000-\$24,999    \$25,000-\$39,999    \$40,000-\$74,999    \$75,000 and over    Decline to state

**Parent/Guardian #1**  
(emergency contact & authorized to pick-up child)

Name: \_\_\_\_\_ D.O.B: / / \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_

**Parent/Guardian #2**  
(emergency contact & authorized to pick-up child)

Name: \_\_\_\_\_ D.O.B: / / \_\_\_\_\_

Primary Phone: \_\_\_\_\_

**Additional authorized pick-ups/emergency contacts:**

Pick-Up #1 Name: \_\_\_\_\_

Pick-Up #1 Phone: \_\_\_\_\_

Pick-Up #2 Name: \_\_\_\_\_

Pick-Up #2 Phone: \_\_\_\_\_

Pick-Up #3 Name: \_\_\_\_\_

Pick-Up #3 Phone: \_\_\_\_\_

Pick-Up #4 Name: \_\_\_\_\_

Pick-Up #4 Phone: \_\_\_\_\_

Please list any allergies we should know about:

- No allergies.

Can your child participate in this program without a reasonable modification?

- Yes  
 No

If your answer is no, please state briefly the nature of the reasonable modification or accommodation you are requesting.

Does your child have one of the following?

- SST  
 504  
 IEP  
 No

Do you authorize consent for program staff to access your child's SST, 504, and or IEP ?

- Yes  
 No

\*If yes please sign the attached SFUSD Authorization for Release of Confidential Information

What else should we know to ensure your child has a successful experience in this program?

## HIGHLY SUBSIDIZED SPOT PROGRAM

There are a limited number of highly subsidized afterschool spots available at each afterschool program location. Please note, these subsidized spots waive the monthly fee and instead have an ANNUAL application fee or copay based on Free/Reduced lunch eligibility.

Eligibility for the Highly Subsidized Spot Program is determined by the following criteria:

- Financial need - Annual Household Income\*
- Committed to attending the afterschool program 5 days/week and fully participating in program offerings
- Identified by the school's administrative staff and teachers as a student who will benefit from the afterschool program
- Complied with ExCEL/Grant afterschool attendance requirements during the 2017-18 school year
- Identified by the program or school as homeless (as defined by the federal McKinney-Vento Homeless Assistance Act) or as being in foster care

**Subsidized spots are not guaranteed. If your student is NOT receiving free/reduced lunch at school, you must submit a Financial Assistance Application along with a copy of your current IRS form 1040 Adjusted Gross Income so we may determine your eligibility for the Highly Subsidized Spot. If your student does not qualify and you still want after school care, you may apply for the monthly fees program (please refer to rates below).**

**YES! I am eligible for the Highly Subsidized Spot Program.**

\*Will be confirmed by a Free/Reduced Lunch letter provided by SFUSD

**OR**

## FEE-BASED PROGRAM

Applicants must have either a Facility Membership (full access to the YMCA gym facility and programs) or sign up as a Community Participant (access to YMCA programs only). If you are interested in a Facility Membership, please contact our Membership Department at 415.242.7100 for more information. If you would like to sign up as a Community Participant, please do so in the payment page.

Please check the box that you would like to register for:

Rates with Community Participant Membership			Rates with Facility Membership		
BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August 2018 and June 2019)	BEFORE SCHOOL	MONTHLY FEE (Sept-May)	DEPOSIT (August 2018 and June 2019)
<input type="checkbox"/> 5 days/week	\$194	\$113	<input type="checkbox"/> 5 days/week	\$152	\$89
<input type="checkbox"/> 3 days/week	\$140	\$81	<input type="checkbox"/> 3 days/week	\$108	\$62
<input type="checkbox"/> 2 days/week	\$88	\$51	<input type="checkbox"/> 2 days/week	\$66	\$38
AFTER SCHOOL ALL SITES	MONTHLY FEE (Sept-May)	DEPOSIT (August 2018 and June 2019)	AFTER SCHOOL ALL SITES	MONTHLY FEE (Sept-May)	DEPOSIT (August 2018 and June 2019)
<input type="checkbox"/> 5 days/week	\$498	\$289	<input type="checkbox"/> 5 days/week	\$433	\$250
<input type="checkbox"/> 3 days/week	\$347	\$202	<input type="checkbox"/> 3 days/week	\$300	\$174
<input type="checkbox"/> 2 days/week	\$296	\$172	<input type="checkbox"/> 2 days/week	\$254	\$147

Please check the days that your child will attend:

Before School Program     MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

After School Program     MONDAY     TUESDAY     WEDNESDAY     THURSDAY     FRIDAY

**PLEASE NOTE:**

Deposit is NON-REFUNDABLE.

One Day Camps and Weekly Camps during the school year holidays, recess, and breaks are available to all through the Stonestown YMCA at additional fees.

**SIBLING DISCOUNT:** We offer a 20% discount on monthly fees for siblings in Afterschool Programs. The discount will be applied towards the older sibling.

**FINANCIAL ASSISTANCE:** We offer financial assistance to qualifying families. If you are interested in applying, please complete a financial assistance application and submit with your income verification and registration packet. No one will be turned away because of their inability to pay.

**YES! I am applying for the Monthly Fees Program.**     **YES! I have attached my Financial Assistance Application.**

## HIGHLY SUBSIDIZED SPOT PROGRAM - ELIGIBILITY & PAYMENT

### Financial Need Eligibility:

#### Choose one

- YES! I am eligible for the Highly Subsidized Spot Program.**  
\*Will be confirmed by a Free/Reduced Lunch letter provided by SFUSD
- Financial assistance application AND current IRS Form 1040 Adjusted Gross Income attached

**Notification:** Families will be informed of their student's acceptance/waitlist status by the week of June 4, 2018  
**Please note, applications received after June 6<sup>th</sup> may be waitlisted.**

- The NON-REFUNDABLE application fee of \$100 is required when you submit your application.
- If your student is accepted into the highly subsidized spot program and is ineligible for free/reduced lunch, the \$100 application fee will be waived and applied to the \$650 copay due for this year. A \$550 balance will be due by August 10, 2018.

### PAYMENT DUE

**\$100**

#### Payment Method:

- Charge account on file  
 Check/money order attached (payable to Stonestown Family YMCA)

Families who select the option to pay the application fee with their account on file will have the copay drafted on the due date with the same account.

Full payment not received by August 10, 2018 will result in cancellation of student's spot in the afterschool program.

*Please note: Returned payments will result in a \$15 bank fee.* No one will be turned away because of their inability to pay.

## REGISTRATION DEADLINE

**REGISTRATION PACKETS ARE DUE TO THE AFTERSCHOOL SITE COORDINATOR BY Wednesday, June 6**

**NOTIFICATION:** Families who submit their registration packet by the June 6 deadline will receive notification of their student's acceptance in the program. Registration packets received after June 6 will be waitlisted.

# PAYMENT - PLEASE COMPLETE ONE SECTION

## MONTHLY FEES PROGRAM - PAYMENT DUE AND BILLING POLICY

By signing below, I acknowledge and agree to the following:

- Monthly fees are paid automatically via EFT 10 days before the first of the month. If payment is not made, we will request permission from you 5 days after the due date via email to pay off your balance using your credit card/bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card/bank account on file to pay your balance.
- Parents must update billing information if there are any changes to their account, including credit card replacement and new expiration dates. This can be done online or at the main facility at 333 Eucalyptus Drive, SF CA 94132.
- Parents will be contacted regarding returns from their account. It is the parent's responsibility to pay for childcare by the 1<sup>st</sup> of the month. Failure to do so will result in a \$15 late payment fee. If payment is not received by the 10th, childcare will be terminated.
- A \$15 bank fee will be charged for any returned payments.
- I acknowledge that the deposit fee for August 2018 and June 2019 is non refundable.
- I understand that I am billed for the schedule I chose. My child's attendance or absence does not change the monthly fee due.
- I understand that Community Care Licensing may have access to my child's file at any time for purposes of reviewing the center's license. (for licensed sites only)
- **Refund Requirements:** A 30 day written or email notice is required for program cancellation (including school transfers) and a 14 day notice is required for schedule changes. It is the parent's and guardian's responsibility to notify Stonestown YMCA by written note or email. Withdrawal of student from program is not considered notice of program cancellation and will not terminate childcare payments.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## PAYMENT DUE

\$ \_\_\_\_\_ Deposit: This pays for August 2018 and June 2019 fees (school year ends June 4th) and is due at registration.  
NOTE: Deposit is **NON-REFUNDABLE**

\$ 0.00 Community Participant Membership (if new to YMCA or if membership expired): **No Fee Required.**

\$ \_\_\_\_\_ **Donation to Stonestown YMCA's "Annual Giving Campaign"** Every day, we work side by side with our neighbors to ensure no one is without services they need for a happy, healthy life. Join our cause by giving today. 100% of your gift will be used as financial assistance for qualifying families and is tax deductible.

**TOTAL**

\$

### Payment Method:

- Charge account on file (Families in Monthly Fee-Based program must have an account on file for monthly drafts. New families may contact the Stonestown YMCA at (415) 242-7100 to set an account up.)

## STUDENT CONTRACT

Parent/Guardian: Please read this over carefully with your student.

I, \_\_\_\_\_, understand and agree to meet the following requirements of the After School Program:  
Student's Name

- I will report to program immediately after school and sign in.
- I will make sure to be signed out when I leave.
- I will be in a supervised area at all times and never leave the site alone.
- I will follow school rules and directions from staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or any inappropriate interactions with peers. I understand that this is not tolerated in the After School Program.
- I will use words to solve conflicts, or ask an adult for help. I will never use violence to solve a problem.
- I will leave electronics at home and get permission from a staff member before using my cell phone.
- I will take care of our school building and our equipment. I will clean up after myself.
- I will be open to activities, clubs, and enrichments.

I understand that if I break these rules:

- I will receive a warning.
- If I continue to break the rules or if the incident is serious, my parent/guardian will be contacted.
- If I fight in the After School Program, I will participate in Restorative Practices. Depending on the severity of the situation, I may be suspended from program.
- After the 3<sup>rd</sup> warning, a restorative meeting will be held. Depending on the severity of the situation, I may be on a behavioral contract or suspended from program.

I understand that I must sign this contract in order to be admitted into the program. I also understand that by signing this contract I am agreeing to adhere to the rules.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## ABOUT YOUR STUDENT

This section asks for information that is required by one of our funders. The below information will in no way determine your student's status in the program or be used for any purpose other than program evaluation.

### Student Race/Ethnicity (select one):

- |                                                           |                                                            |
|-----------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> African American                 | <input type="checkbox"/> Middle Eastern-Arab               |
| <input type="checkbox"/> Black-Other (specify):           | <input type="checkbox"/> Middle Eastern-Iranian            |
|                                                           | <input type="checkbox"/> Middle Eastern-Other (specify):   |
| <input type="checkbox"/> Asian-Chinese                    | <input type="checkbox"/> Native American                   |
| <input type="checkbox"/> Asian-Filipino                   | <input type="checkbox"/> Native Alaskan                    |
| <input type="checkbox"/> Asian-Indian                     | <input type="checkbox"/> Pacific Islander-Guamanian        |
| <input type="checkbox"/> Asian-Japanese                   | <input type="checkbox"/> Pacific Islander-Hawaiian         |
| <input type="checkbox"/> Asian-Korean                     | <input type="checkbox"/> Pacific Islander-Tongan           |
| <input type="checkbox"/> Asian-Laotian                    | <input type="checkbox"/> Pacific Islander-Samoan           |
| <input type="checkbox"/> Asian-Thai                       | <input type="checkbox"/> Pacific Islander-Other (specify): |
| <input type="checkbox"/> Asian-Vietnamese                 |                                                            |
| <input type="checkbox"/> Asian-Other (specify):           |                                                            |
| <input type="checkbox"/> Hispanic/Latino-Mexican American | <input type="checkbox"/> White                             |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Multiracial/Multiethnic           |
| <input type="checkbox"/> Hispanic/Latino-South American   | <input type="checkbox"/> Other (specify):                  |
| <input type="checkbox"/> Hispanic/Latino-Caribbean        |                                                            |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): | <input type="checkbox"/> Declined to state                 |

### Home Language (select one):

- |                                           |                                                 |
|-------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> English          | <input type="checkbox"/> Mandarin               |
| <input type="checkbox"/> Spanish          | <input type="checkbox"/> Samoan                 |
| <input type="checkbox"/> Cantonese        | <input type="checkbox"/> Tagalog                |
| <input type="checkbox"/> Russian          | <input type="checkbox"/> Toishanese             |
| <input type="checkbox"/> Japanese         | <input type="checkbox"/> Vietnamese             |
| <input type="checkbox"/> Khmer/Cambodian  | <input type="checkbox"/> Arabic                 |
| <input type="checkbox"/> Korean           | <input type="checkbox"/> American Sign Language |
| <input type="checkbox"/> Laotian          |                                                 |
| <input type="checkbox"/> Other (specify): |                                                 |

### Student English Fluency (select one):

- Fluent  
 Somewhat Fluent  
 Not Fluent

### Housing Status

- Permanent/Stable Housing  
 Homeless- Transitional /Supportive Housing  
 Homeless- Shelter/Emergency Housing  
 Homeless- Motel/Hotel  
 Homeless- Staying with Friends/Family  
 Homeless- Unsheltered  
 Unknown



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FOR SOCIAL RESPONSIBILITY

### YMCA of San Francisco's Billing Policies

All payments are due 10 days before the first of the month. If your account is not current and you have a credit card or bank account on file, we will request permission from you 5 days after the due date via email or letter to pay off your balance using your credit card or bank account on file. If we do not hear from you within 3 business days after our request, we will use the credit card or bank account on file to pay your balance.

Parents/Guardians must update billing information if there are any changes to their billing account, including credit card replacement and new expiration dates. This can be done by coming into the main branch or by editing your billing information on-line.

Parents/Guardians will be contacted regarding returns from their account. It is the parent's/guardian's responsibility to update their account and pay for childcare by the 1st of the month. If payment is not received by the 10th of the month, your child will be suspended from the program.

A \$ 15 bank fee will be charged for any returned payments.

I have read and understand the above billing information and agree to comply with the terms and conditions.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print name of Parent/Guardian: \_\_\_\_\_

# YMCA OF SAN FRANCISCO MEMBERSHIP APPLICATION

## Release and Waiver of Liability and Indemnity Agreement

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of the YMCA (or for my children to so participate) for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any off-site program affiliated with the YMCA, the undersigned, for himself or herself and such participating children and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating will, inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the YMCA for observation or use of any facilities or equipment or participation in such affiliated program constitutes an acknowledgment that such premises and all facilities and equipment therein and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation by the undersigned and such children.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE YMCA FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY OFF-SITE PROGRAM AFFILIATED WITH THE YMCA, THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED, ON HIS OR HER BEHALF AND BEHALF OF SUCH CHILDREN, HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE the YMCA, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned or such children and all his personal representatives, assigns, heirs, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releasees or otherwise while the undersigned or such children is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the YMCA.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned or such children in, upon or about the YMCA premises or in any way observing or using any facilities or equipment of the YMCA or participating in any program affiliated with the YMCA whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE to the undersigned or such children due to negligence of releasees or otherwise while in, about or upon the premises of the YMCA and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the YMCA.
4. THE UNDERSIGNED HEREBY GIVES PERMISSION for the YMCA of San Francisco, or any of its branches, to use any photographs or video footage taken of the undersigned and/or the undersigned's children participating in YMCA of San Francisco activities for future YMCA promotional purposes, including without limitation, media materials, promotional print pieces, promotional video pieces, social media platforms and Web sites of the YMCA of San Francisco and its affiliate branches, without additional release or authorization.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

I HAVE READ THIS RELEASE.

Signature of applicant/parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name of applicant/parent: \_\_\_\_\_

Signature of co-applicant/parent: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Print name of co-applicant /parent: \_\_\_\_\_

Print name(s) of child(ren) in program: \_\_\_\_\_



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## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the YMCA of San Francisco, or any of its branches, or by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA), I hereby give my permission and consent, now and for all time, to YMCA of San Francisco and to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of San Francisco, YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of San Francisco, YMCA of the USA and collaborating third parties;
- YMCA of San Francisco, YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of San Francisco, YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of San Francisco, YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

I am the Mother/Father/Legal Guardian of \_\_\_\_\_. For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Child's Age: \_\_\_\_\_

Address: \_\_\_\_\_





San Francisco Unified School District
Authorization for Release of Confidential Information

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

School/Dept: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone: \_\_\_\_\_

I authorize the exchange of information described below between the San Francisco Unified School District and the following agency(s) and/or individual(s):

- Healthcare provider(s) (name)
Agency(s) (name)
Parent/ legal guardian (if minor consented to care) (name)
Other

This authorization applies to the following information: (check each line that applies)

- Educational Data/IEP Social/Developmental Psychological
Vision Speech/Language Audiological
Medical Other

Expiration: This authorization expires (date or event): \_\_\_\_\_

Restrictions: Providers who receive this information may not release it to someone else unless another authorization form is signed.

Your Rights: You may refuse to sign this form. You may cancel it at any time by informing the San Francisco Unified School District in writing. If you cancel your permission to allow the release of information about you/your child, it will go into effect immediately (unless someone already released information). You have a right to receive a copy of this Authorization.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Indicate relationship to student: parent legal guardian:

# Authorization for Release of Confidential Information

## Stonestown Family YMCA

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Our agency is supported by a grant from the San Francisco Department of Children, Youth, and Their Families (DCYF). As a condition of the funding we receive, we are required to report information about the services we provide and the children, youth, and families that we serve to DCYF. DCYF works in close partnership with the San Francisco Unified School District (SFUSD). The data that we report to DCYF is also shared with SFUSD.

DCYF and SFUSD rely on the data that we provide to understand the populations that are served by DCYF-funded programs and to ensure that San Francisco's most vulnerable children, youth, and families have access to services. The data is also used by DCYF to monitor grant funds and to evaluate program activities and impacts.

By signing this form, you authorize our agency to share information about your child's participation in our program (or your participation, if you are 18 years of age or older) with authorized staff at DCYF and SFUSD for the purposes described above. The information that we report to DCYF includes:

- Personal information, such as name, date of birth, and address;
- Demographic information, such as race/ethnicity and gender identity;
- Education information, such as school name and grade level;
- Participation in activities and services, such as attendance dates and hours attended; and
- Anonymous and voluntary youth experience surveys.

DCYF and SFUSD will not publicly report any information that we provide in a way that may be used to identify your child (or you, if you are 18 years of age or older).

**Restrictions:** All information that we provide that is related to an SFUSD student is protected by federal and state laws that govern the use, disclosure, and re-disclosure of student education records. Parties other than DCYF and SFUSD will not have access to any personally identifiable information that we report, except to the extent that the parties have obtained prior written authorization from you or have followed SFUSD policies and procedures to obtain access to such information.

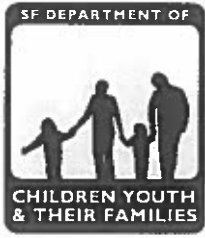
**Expiration:** This authorization expires on June 30, 2023.

**Your Rights:** You may refuse to sign this form. You may cancel it at any time by informing our agency in writing. If you cancel your permission allowing us to release information to DCYF and SFUSD, it will go into effect immediately, unless the information has already been released. You have a right to receive a copy of this form.

Your Name: \_\_\_\_\_

Relationship to Participant:  Parent  Legal Guardian  Participant 18 Years of Age or Older

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## DCYF Photography Release Form

**Participant Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

You or your child participates in a youth program funded by the San Francisco Department of Children, Youth, and Their Families (DCYF). DCYF staff or contractors may on occasion visit this program to take photographs for public information projects.

The public information projects aim to educate civic leaders and the general public about programs and services available for San Francisco children, youth and families. Example projects include DCYF publications and exhibits, as well as the DCYF website (<http://www.dcyf.org>).

By signing this form, you authorize DCYF staff and contractors to take photographs of program activities that may include images of you or your child and to use these photographs for the public information projects described above.

**Your Name:** \_\_\_\_\_

**Relationship to Participant:**  Parent  Legal Guardian  Participant 18 Years of Age or Older

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



FOR OFFICE USE ONLY

Award \_\_\_\_\_%



Membership ID: \_\_\_\_\_

Date received: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

If approved, assistance valid through:

\_\_\_\_/\_\_\_\_/\_\_\_\_

## Membership for All YMCA OF SAN FRANCISCO

### PRIMARY ADULT

Primary Adult: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Secondary Adult: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

New Applicant  Renewal

Number of adults 18+ in your home: \_\_\_\_ Number of children under 18 in your home: \_\_\_\_

How should we contact you regarding the status of your application (choose one):

Email: \_\_\_\_\_  Phone: \_\_\_\_\_

### FINANCIAL ASSISTANCE TERMS & APPLICATION INFORMATION

1. Eligibility in the Membership for All Plan will be reviewed annually.
2. All eligible applicants will be asked to pay a portion of the dues.
3. Applicants must present income verification for all individuals in the household regardless of their intention to be a part of the YMCA. All information is kept confidential.
4. Except for this application form, the YMCA does not keep copies of any supporting documents.
5. Completion of this application does not guarantee approval. (Please allow 3-5 days for processing).
6. If assistance is not renewed by its expiration date, members on a monthly billing cycle will be charged the regular membership rate.
7. YMCA financial assistance is made available through donations and grants.

\_\_\_\_ (please initial) I have received and understood the terms and conditions of the YMCA Membership for All Plan.

### TYPE OF FINANCIAL ASSISTANCE

(Applicants may choose program and/or membership categories)

#### MEMBERSHIP

Membership Type: \_\_\_\_\_ Billing Cycle:  Monthly\*  Semi-Annual  Annual

#### PROGRAM

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

Program Name: \_\_\_\_\_ Participant Name: \_\_\_\_\_

**NOTE:** If assistance is not renewed by its expiration date, members on a monthly\* billing cycle will be charged the full membership rate.

### ACKNOWLEDGEMENT

I acknowledge by my signature below that all of the information on this form is accurate and complete. I agree to provide additional documentation to verify need if requested. If awarded assistance, my scholarship is valid for one year and the award amount may vary from program to program. I am aware that on-time payments are required for participation. I acknowledge it is my responsibility to renew my application once it expires.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## HOUSEHOLD INCOME

Each adult in the household needs to provide at least one document that applies to one of the categories below, regardless of their intention to join the YMCA.

**Category 1:** Current enrollment/award letter from the following federal and California state assistance program(s).

Medicaid	CalWorks
Medi-Cal	Federal Public House Assistance (Section 8)
CalFresh/SNAP	CA Low Income Heating Assistance Program
Women, Infant & Children program (WIC)	Welfare-to-Work (WTW)

**Category 2:** Proof of income for all adults in household regardless of their intent to join the Y or not:

1. Most current federal tax return
2. Supplemental Security Income
3. Unemployment Insurance statement

No Docs	With Docs	Rcvd. by staff/Date
\$ _____	\$ _____	_____ Monthly Income-1 <sup>st</sup> adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____ Monthly Income-2 <sup>nd</sup> adult (SSI, unemployment, retirement)
\$ _____	\$ _____	_____ Monthly Income-Additional Adult (SSI, unemployment, retirement)
\$ _____	\$ _____	Total Monthly Income
\$ _____	\$ _____	Total Annual Income
\$ _____	\$ _____	_____ Federal Tax Return - Adjusted Gross Income Amount

Are there any other factors that we should take in consideration in evaluating your need for assistance?

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## TEMPORARY MEMBERSHIP ASSISTANCE GRANTED - PENDING INCOME VERIFICATION

1. If you do not have income verification documents but would like to enroll in the Y today, our staff can temporarily approve you for \_\_\_\_\_ % of membership financial aid based on questions around your current household income.
2. You have chosen your monthly draft date to be on the  5<sup>th</sup> or  20<sup>th</sup> of each month. Temporary granted assistance only applies to monthly drafted memberships.
3. To verify your income, please bring supporting documents in-person to the YMCA by \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
4. If documents are not brought in by the above deadline, your membership will be automatically drafted at the regular rate of \$ \_\_\_\_\_ starting \_\_\_\_ / \_\_\_\_ / \_\_\_\_.
5. You will have a chance to accept or decline the rate offered.

\_\_\_\_ (please initial) I understand the terms and conditions of YMCA temporary granted assistance approval.

### FOR MEMBERSHIP DUES ONLY (STAFF TO FILL OUT)

Temporary Pre-Approval Reviewed by (Print Name): \_\_\_\_\_

Pre-approval Level:  1  2  3  4 \_\_\_\_\_ % off monthly dues  Entered into Daxko

Applicant was notified on (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applicant response:  Accepted  Declined

Final Approval Reviewed by (Print Name): \_\_\_\_\_

Approved  Denied (reason): \_\_\_\_\_

Final approval Level:  1  2  3  4 \_\_\_\_\_ % off monthly dues  Finalized in Daxko

Applicant was notified of new level on (date): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Applicant response:  Accepted  Declined