

Embarcadero YMCA

2017-2018 After School Program Registration



PROGRAM SITE

School: Harvey Milk Civil Rights

Parent Orientation will be held on **Wednesday, September 6** at 5:00pm in the school cafeteria.

APPLICANT INFORMATION

Student Name: _____

Gender: _____

Entering Grade (2017- 2018 School Year): _____

Date of Birth: _____

Home Address: _____
Street City Zip Code

Parent/Guardian E-mail: _____

Household Income:

- \$0-\$13,999 \$14,000-\$24,999 \$25,000-\$39,999 \$40,000-\$74,999 \$75,000 and over Declined 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 your child has:

Please list medications your child takes:

Is there anything else we should know about your child?

Family Doctor:

Doctor's Phone:

Preferred Hospital:

Students entering 5th grade and up may sign out and leave program on his/her own with your consent. Do you approve this?

___ Yes ___ No

If yes, what time is your student allowed leave program?

_____ PM

ENROLLMENT - SELECT ONE BASED ON ELIGIBILITY

ANNUAL APPLICATION FEE PROGRAM

Students currently on the SFUSD free/reduced lunch list are eligible to enroll in the after school program with an ANNUAL application fee of \$100.

Subsidized enrollment under the annual application fee program will waive the monthly co-pays.

Enrollment for the application fee program is determined by the following criteria:

- Financial need: **free/reduced lunch eligibility**—will be verified by free/reduced lunch list provided by SFUSD
- Committed to attending **5 days/week and fully participating in program offerings per ExCEL requirements**
- Identified by the school administrative staff and teachers as students who will benefit from the after school program
- Complied with ExCEL after school attendance requirements during the 2016-17 school year
- Foster and homeless youth

***Enrollment for the annual application fee program is not guaranteed. All spots will be based off of documents submitted. If your student does not qualify and you still want after school care, you may apply for the monthly co-pay program.**

YES—I am eligible for the Annual Application Fee program.

We will not turn anyone away because of their inability to pay.

OR

MONTHLY CO-PAY PROGRAM

Applicants who do not meet the requirements for the Annual Application Fee Program (see above) or applicants that would like to use this as a drop in program. *Students NOT currently on free/reduced lunch list should apply for the monthly co-pay program. Enrollment in the monthly co-pay program waives the annual application fee.*

Rates as COMMUNITY PARTICIPANT

AFTER SCHOOL	Monthly Co-Pay	Prorate (August & December)
<input type="checkbox"/> Drop in week	*\$50—\$498	\$25—\$249

***Monthly co-payment fees are on a sliding scale of \$50-\$498 per month and the fee for each student is determined by YMCA financial assistance eligibility. To apply for a monthly co-payment fee of lower than \$498 each month, please submit a financial assistance application with income verification along with your registration packet.**

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

YES—I am applying for the monthly co-pay fees program.

YES—I have included a financial assistance application with income verification.

We will not turn anyone away because of their inability to pay.

PAYMENT - PLEASE COMPLETE ONE SECTION

APPLICATION FEE PROGRAM - ELIGIBILITY & PAYMENT

Financial Need Eligibility

YES - My student is currently receiving free/reduced lunch.

**This will be verified by free/reduced lunch list provided by SFUSD. If your student is not on free/reduced list, please apply for the monthly co-pay fees program.*

PAYMENT DUE

\$ 100

Payment Method

- Charge account on file
 Check/money order (payable to Embarcadero YMCA)

Application fee of \$100 is due at registration as deposit and is non-refundable.

Please note: Returned payments will result in a \$15 bank fee.

OR

MONTH CO-PAY PROGRAM - BILLING POLICY & PAYMENT

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

- Monthly co-payments are set up as automatic drafts by credit card or bank account transfer. Parents must provide a payment method as part of the registration process.
- Monthly co-payments are due 10 days before the first of the month for the following month. A \$15 fee will be applied to any late and/or returned payments.
- 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 in person at Buchanan YMCA.
- Parents will be contacted regarding any declined payments from their account. It is the parents' responsibility to pay for after school care by the 1st of the month. If payment is not received by the 10th, student's enrollment will be terminated.
- A 30 day written or email notice to BuchananReg@ymcasf.org is required for program cancellation, and a 14 day notice is required for schedule changes. It is the parent's responsibility to notify Buchanan YMCA of program cancellation and/or schedule changes. Withdrawal of student from program is not considered as notice of cancellation and will not terminate monthly payments.

Parent/Guardian Name

Signature

Date

To Be Completed by YMCA staff:

Level: _____ Monthly Co-Pay: _____

PAYMENT DUE

\$

Deposit: This is the August fee and is due at registration. Deposit is non-refundable.

To Be Completed by Parent/Guardian:

Payment Method

- Charge account on file (Families in monthly co-pay fees program must have an account on file for monthly drafts)

STUDENT CONTRACT

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

I, _____ (student name), understand and agree to meet the following requirements:

- I will report to program immediately after school and sign in.
- 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 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 3rd 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: _____

ACKNOWLEDGEMENT

I understand that Buchanan YMCA assumes no financial obligation for medical treatment, but in the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the director to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for my student as named on this application. I also authorize Buchanan YMCA to obtain a copy of my student's immunization records from the school in the event this information is necessary for medical treatment.

As the parent/guardian, I have read and agree with the Before/After School Program rules and policies. I give permission for my child to attend offsite field trips organized by the program and to use transportation arranged for the purpose of field trips (chartered bus, MUNI, or by foot). I also give permission for Child Care Licensing to access my student's records for purposes of reviewing the center's license.

Parent/Guardian Signature: _____

Date: _____

ABOUT YOUR STUDENT

This section asks for information that is required by 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"/> Japanese | <input type="checkbox"/> Toishanese |
| <input type="checkbox"/> Khmer/Cambodian | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Arabic |
| <input type="checkbox"/> Laotian | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Other (specify): | <input type="checkbox"/> American Sign Language |

Student English Fluency (select one):

- Fluent
 Somewhat Fluent
 Not Fluent

Housing Status:

- | | |
|---|---|
| <input type="checkbox"/> Permanent/Stable Housing | <input type="checkbox"/> Homeless—Motel/Hotel |
| <input type="checkbox"/> Homeless—Transitional/Supportive Housing | <input type="checkbox"/> Homeless—Staying with Friends/Family |
| <input type="checkbox"/> Homeless—Shelter/Emergency Housing | <input type="checkbox"/> Homeless—Unsheltered |

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: _____



Membership ID: _____
Date received: _____
Staff Initials: _____
If approved, assistance valid through:
____/____/____

Financial Assistance Application YMCA OF SAN FRANCISCO

All information is confidential, Completion of this application does not guarantee approval, (Please allow up to two weeks for processing)

PRIMARY ADULT

Name: _____

Home Phone: _____ Alternate Phone: _____

Address: _____ Apt: _____ City: _____

State: _____ Zip: _____ Date of Birth: ____/____/____

Do you receive income? Yes No Email Address: _____

Are you currently a YMCA Member? Yes No If yes, what kind of member? Facility Program

SECONDARY ADULT

Name: _____

Home Phone: _____ Alternate Phone: _____ Date of Birth: ____/____/____

Does this person receive income? Yes No Email Address: _____

ADDITIONAL FAMILY MEMBERS

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Name: _____ Date of Birth: ____/____/____

Number of adults over 18 in your home: _____ Number of children under 18 in your home: _____

TYPE OF FINANCIAL ASSISTANCE

(Applicants may choose program and/or membership categories)

PROGRAM

Program Name: _____ Participant Name: _____

Program Name: _____ Participant Name: _____

Program Name: _____ Participant Name: _____

MEMBERSHIP

Membership Type: _____ Billing Cycle: Monthly* Semi-Annual Annual

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



HOUSEHOLD MONTHLY INCOME

1. Please attach photocopies of qualifying documents from at least two of the four options below:
(Feel free to black out social security numbers and account numbers)

- Current federal tax return for ALL applicants applying for assistance,
- Two of the most recent pay stubs from primary and secondary adult (if applicable), or a letter from your employer(s) on company letterhead stating your monthly gross income,
- Disbursement voucher for AFDC and SSI recipients,
- Proof of income or assistance you currently receive for:
Unemployment; \$_____ Disability; \$_____ Child Support/Alimony; \$_____
Pension/Retirement; \$_____ Other; \$_____

2. Are you receiving any other financial assistance? Yes No

If yes, please describe: _____

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

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

- Email Phone call Letter

Supporting documents will not be returned, so please enclose photocopies,
Each application is reviewed and approved independently, if there are changes in your income, please notify YMCA.

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: ___/___/___

YMCA financial assistance is made available through donations, grants, and association earned income.

FOR OFFICE USE ONLY

Reviewed by: _____

Approved Denied (reason): _____

Award %; Membership; _____ Program; _____

Date applicant was notified: ___/___/___ Applicant response: Accepted Declined

**Please keep the
following
documents for your
personal records
(pages 5-7)**

Before School Program Activity Schedule

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
Reading / Writing	Skills Building/ Special Enrichment Days	Math/ S.T.E.M	Skills Building/ Special Enrichment Days	Fun Friday

**Please note: Every last Friday of the month will be our community feast*

Before School Program Schedule

Academic Power Hour - Monday and Wednesday Only

7:30—Drop-off / Sign-in
 7:40—7:45 - Morning Announcements/ Breakout groups
 7:45—9:00 - Reading/Writing or Math/ S.T.E.M
 9:00—9:15 - Community Circle/ Share outs
 9:15—Yard for morning circle

Skills Building/Special Enrichment Schedule - Tuesday and Thursday Only

7:30—Drop-off / Sign-in
 7:40—7:45 - Morning Announcements/ Breakout groups
 7:45—9:00 - Skills Building/Special Enrichment groups
 9:00—9:15 - Community Circle/ Share outs
 9:15—Yard for morning circle

Fun Friday - Friday Only

7:30—Drop-off / Sign-in
 7:40—7:45 - Morning Announcements/ Breakout groups
 7:45—9:00 - Fun Friday groups

Academic Power hour - Aligning with the academic school day, students will participate in activities that not only fosters their energy, but stimulates their mind. Each week/month students will focus on a specific academic topic that will challenge them in developing the skills needed to think outside of the box. Our students will feel empowered in the classroom to try creative approaches to solve problems and have critical discussions in work groups that enrich their minds. Students will be transformed in our Academic Power Hour and leave our program feeling energized, focused, and ready to learn throughout the school day.

Skills Building/Special Enrichment Days - Students will have the opportunity to explore and further develop a specialized skill or interest 2 days a week. Within each specialized group, students will feel confident when speaking and create meaningful relationships with their peers. Our goal is to have students explore new opportunities and gain knowledge of different learning avenues that focus on positive social interactions, empowerment, and investment in personal growth. We encourage our students to try new activities that have the potential to help them grown , learn, and be successful together.

Fun Friday— On this particular day, all students are in for a wild experience that sparks their creativity and goofiness. Students will be split up into two different groups and given a chance to build group synergy and accomplish tasks together. Students will alternate groups each week to become well rounded individuals and develop vital skills for future interactions. In our Expressions Group, students work to create an environment that allows expression of thoughts, feelings, and emotions through the power of art. Alternatively, our Power of Play Group advocates for all participants to learn new group games that fosters the skills needed in teamwork, cooperation, and building a healthy community.

Caring Community Cookout— During this monthly event, students and their families are invited to collectively get together and share a meal that is centered on group share outs, highlights, and community building. As a program, we all sit down together to enjoy each other's company over a delicious and healthy breakfast meal provided by the YMCA. This is our chance to bond and build those deeper connections with the communities that we serve and have students exemplify their learned skills and demonstrate what it means to contribute to our society in a meaningful way. Students will have the opportunity to display their newly gained skills and speak about how these learning experiences will help their personal growth in the future and foster their investment in being a positive role model in our community.

SPECIAL ENRICHMENTS / SKILLS BUILDING DESCRIPTIONS

Please look over the following descriptions to assist your child in ranking their special enrichments/skills building preference (see page 4).

KINDERGARTEN, 1ST and 2nd GRADE DESCRIPTIONS

Lego Building and Superheroes Creating — Look! It's a bird! It's a plane! No, it's Harvey Milk Superheroes and Lego creators! Participants will have a blast as they become their favorite hero, or creating a new hero of their own. Participants will also have a chance to build models and express their creativity and imagination using our massive collection of LEGOs. Rather it be fighting evil, designing their cool super hero capes and costumes or LEGO-themed crafts, LEGO-themed games, and building contests, all participant will have the opportunity to put their creativity and building ingenuity to the test.

Arts and Crafts—For the participant that loves to draw, sketch, and get their hand on Play-Doh! Campers will get the basic drawing skills, basic sculpting skills with Play-Doh, and many other artistic skills needed to turn a blank sheet of paper into a masterfully created work of art. Through practice in these various styles of artistic expression, campers will gain skills, memories, and a passion for art that could last a lifetime.

Tag and Team Building— Through tag and other skill building games, participants will learn and understand the power of play! Through laughter and skills building, participants will further develop the skill needed while playing in a group, not to mention the awesome games they will learn!

3RD, 4TH & 5TH GRADE DESCRIPTIONS

Pottery—For Participants that love to make beautiful work of art, but also love getting their hands dirty while doing it! Participants will express themselves through many the variations of 3-dimensional art while also learning and appreciating the art of clay.

World of Sports— Basketball, soccer, tennis, you name it, we are doing it! Participants will experience drills, scrimmages, other games and team building activities to enhance their skills. Participants will learn about good sportsmanship, the importance of teamwork, and develop new skills from various sports.

The Art of Cooking and Story Telling —Participants will have an opportunity to put their imaginations, as well as, the artistic and culinary talents to the test. Participants will have the opportunity to create healthy stories and a healthy snack to go along with it! Each participant will be able to create and share recipes and gain the culinary skills to make these tasty treats a delicious reality.

OUTDOOR FUN AND CREATIVE EXPERSSION DESCRIPTIONS

Outdoor Fun— Also know as the Power of Play Group participants will learn new group games that fosters the skills needed in teamwork, cooperation, and building a healthy community. We will also work with the students to plan ahead on some activities they would like to see happens on these Fridays.

Creative Expression— In our Expressions Group, students work to create an environment that allows expression of thoughts, feelings, and emotions through the power of art. Through Various activities such as dance, jewelry making, friend portraits and much more! The opportunities for these participants are endless! We will also work with the students to plan ahead on some activities they would like to see happens on these Fridays.

When does Sign-in begin?

Sign in begins each day at 7:30am. Program will run until 9:15am each morning. At 9:15 all participants will be released to the yard to prepare for morning circle or to the cafeteria for school breakfast.

What is my Before School Program balance and what are my payment options?

The total cost for the YMCA Before School Program is \$500 (\$250 dollars per semester). Payment is due with your application for the 1st semester and December 1st for the second semester. Your check/money order amount should be attached to your registration packet. Please make your check/money order payable to: Embarcadero YMCA. Please write your child's name on the check/money order's memo line.

Is financial assistance available?

Yes. Financial assistance is based on income eligibility and available funds. Please complete our financial assistance application and include 2 sets of income verification documentation. Incomplete applications cannot be processed. All supporting documents must be submitted with your registration packet for processing. After your financial assistance application has been processed you will receive a letter with your award amount and remaining Before School Program balance. All remaining camp balances due prior to the start of the program.

Please contact Sarah Millett at Smillett@ymcasf.org or (415) 615-1315 for further details. Please note that financial assistance takes up to 2 weeks to process. We encourage families to apply early!

Who do I submit my application to?

You can either submit your applications to the following people : The school Secretary or your school Site Coordinator. In the event you have any questions regarding your child application, please connect with Community Programs Director Shiante Lewis at 415-615-1304 or Slewis@ymcasf.org

What is your cancelation policy?

No credits or refunds will be given after the first 14 days of the start of the program for which you are registering for. If you wish to make a change or cancel your registration PRIOR to the 14 day deadline, you may receive a check or credit card refund. Please allow two weeks for processing.

For any other questions, please contact Shiante Lewis, Community Programs Director at 415-615-1304 or Slewis@ymcasf.org