

Embarcadero YMCA - 2016-2017 After School Program Harvey Milk Civil Rights Academy



Student Name: _____
(First) (Last)

APPLICATION CHECKLIST

Please use the following checklist to ensure you have completed all application components. **Incomplete application (including applications without payment or completed financial assistance application) cannot be processed.**

SECTION 1: Student/Guardian Information

- Student information (section A)
- Legal guardian information (section B)
- Pick up & emergency contact information (section C)
- Student and parent/guardian contract (section D)
- About your student (section E)

SECTION 2: Additional Required Information

- Special enrichments/skills building (section F)
- Sign -Out Information (section G)
- Snack Information (Section H)
- Additional Student Information (Section I)
- Liability Waiver (legal guardian must print/sign name & print child's name)

SECTION 3: Payment* & Financial Assistance

- Option #1:** \$55 registration fee for the school year. \$55 due with application This registration fee is available to students who meet the following criteria: **Can attend the after school program Monday- Friday 3:30pm-6:00pm.**
- Option #2:** \$780 registration fee for the school year. \$390 due with application and \$390 due by December 1st. This registration fee is available to students who meet the following criteria: **Cannot commit to attending the after school program Monday-Friday 3:30pm-6:00pm. Will be able to use the program as needed Monday-Friday during after school hours**
- Financial assistance application with 2 sets of income verification documents attached

**The average cost of childcare can range from \$3000-5000per year. The Embarcadero YMCA is charging a \$780 registration fee for a 10 month program to cover remaining expenses not covered through funding.*

All payments are due in full prior to the start of the first day of program,. Anyone with a balance due will not be permitted to participate until payment is taken care of. Award/Acceptance letters will be issued within 2 weeks of submission.

OFFICE USE ONLY

Site Coordinators:

Reviewed By: _____ Date Application Submitted: _____

COMPLETE Liability Waiver (legal guardian prints and signs name, and writes in child's name): _____

Check One: \$ _____ Payment Attached **OR** _____ COMPLETE FA Application w/ Supporting Documents

Director/Admin Specialist:

Financial Assistance Award: _____ ADA Site: _____

**Embarcadero YMCA - 2016- 2017 After School Program
Harvey Milk Civil Rights Academy
Registration Form**



SECTION A: STUDENT INFORMATION

Option #1: \$55 registration fee for the school year. \$50 due with application. This registration fee is available to students who meet the following criteria: **Can attend the after school program Monday- Friday 3:30pm-6:00pm.**

Option #2: \$780 registration fee for the school year. \$375 due with application and \$375 due by December 1st. This registration fee is available to students who meet the following criteria: **Cannot commit to attending the after school program Monday-Friday 3:30pm-6:00pm. Will be able to use the program as needed Monday-Friday during after school hours**

Student Name: _____ Gender: M F
(First) (Last)

Age: _____ Date of Birth: _____ Current Grade Level: _____

Teacher/ Classroom : _____

SECTION B: LEGAL GAURDIAN INFORMATION

Guardian Name : _____ Gender: M F
(First) (Last)

Address: _____
(Address) (City) (State) (Zip code)

Primary Phone #: _____ Additional Phone #: _____

Email: _____ Date of Birth: _____

Guardian Name : _____ Gender: M F
(First) (Last)

Address: _____
(Address) (City) (State) (Zip code)

Primary Phone #: _____ Additional Phone #: _____

Email: _____ Date of Birth: _____

SECTION C: PICK UP & EMERGENCY CONTACT INFORMATION

The names below should be additional people who can pick up your child from camp and contacted in an emergency. **Do not list guardian information below.** Guardians will be contacted first in an emergency.

Name: _____ Phone: _____ Relation to Student: _____

Name: _____ Phone: _____ Relation to Student: _____

Name: _____ Phone: _____ Relation to Student: _____

SECTION D: STUDENT CONTRACT

Please read over this section carefully with your child:

I, _____ (student name), understand & agree to meet the following requirements of the summer program

- I will make sure to be signed out everyday by a parent/guardian.
- I will be in a supervised area at all times and never leave the site alone.
- I will follow all After School Program rules and directions from all staff members.
- I will be respectful to the adults and other students.
- I will not engage in bullying, name calling, or in any other inappropriate interactions with peers. I understand that this is not tolerated in the Embarcadero YMCA 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 equipment as well as clean up after myself.
- I will participate in all activities, clubs and enrichments with an open mind.

I understand that if I break these rules:

1st - I will receive a warning.

2nd - If the behavior happens again I will accept the appropriate consequences for the rule(s) I have broken.

3rd - If I continue to break the rules my parent/guardian will be contacted.

4th - If my behavior doesn't improve after my parent/guardian has been contacted I may be sent home or suspended.

- If I engage in a physical altercation I may be suspended from program (the severity of the situation will determine if suspension is necessary).
- If I am suspended from program, a restorative meeting with my parent/guardian must happen before I am allowed to return to the 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: _____

SECTION E: ABOUT YOUR STUDENT

This section asks you 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"/> Asian-Chinese | <input type="checkbox"/> Middle Eastern-Other (specify): |
| <input type="checkbox"/> Asian-Filipino | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian-Indian | <input type="checkbox"/> Native Alaskan |
| <input type="checkbox"/> Asian-Japanese | <input type="checkbox"/> Pacific Islander-Guamanian |
| <input type="checkbox"/> Asian-Korean | <input type="checkbox"/> Pacific Islander-Hawaiian |
| <input type="checkbox"/> Asian-Laotian | <input type="checkbox"/> Pacific Islander-Tongan |
| <input type="checkbox"/> Asian-Thai | <input type="checkbox"/> Pacific Islander-Samoan |
| <input type="checkbox"/> Asian-Vietnamese | <input type="checkbox"/> Pacific Islander-Other (specify): |
| <input type="checkbox"/> Asian-Other (specify): | |
| <input type="checkbox"/> Hispanic/Latino/Mexican American | <input type="checkbox"/> White/European American |
| <input type="checkbox"/> Hispanic/Latino-Central American | <input type="checkbox"/> Other White (specify): |
| <input type="checkbox"/> Hispanic/Latino-South American | |
| <input type="checkbox"/> Hispanic/Latino-Caribbean | <input type="checkbox"/> Multiracial/Multiethnic |
| <input type="checkbox"/> Hispanic/Latino-Other (specify): | <input type="checkbox"/> Other (specify): |

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"/> Toisharese |
| <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

SECTION F: SPECIAL ENRICHMENTS/SKILLS BUILDING

The 2016-2017 After School Program at Harvey Milk Civil Right Academy will offer special enrichments and skills building for all participants every Tuesday and Thursday of their choice. Below you will find a list of potential enrichments and skills building clubs/groups we would like to offer over the course of the year. Please select all options that your child may be interested in. Once the school year begins, we will narrow down the choices bases on the top selections and implement those special enrichments/skills building enrichments.

Please note: Special enrichments and skills building choices are based on age group. Each special enrichment/Skills building will consist of no more than 15 students in each group. All enrichments listed below may not happen the first semester. We will be taking the highest selected choices and implementing them. Special Enrichments/Skills Building are semester based.

KINDERGARTEN and 1ST GRADE ONLY

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Lego Club | <input type="checkbox"/> Penguin Club | <input type="checkbox"/> Recreation Club | <input type="checkbox"/> Storytelling Club |
| <input type="checkbox"/> Railroad Adventure Club | <input type="checkbox"/> Dance Club | <input type="checkbox"/> Ooey Gooey Club | <input type="checkbox"/> Painting Club |
| <input type="checkbox"/> Jewelry Making Club | <input type="checkbox"/> Superhero Club | <input type="checkbox"/> Other: _____ | |

2ND and 3RD GRADE ONLY

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Girls on the Run Club | <input type="checkbox"/> Disney Club | <input type="checkbox"/> Building Club | <input type="checkbox"/> Art Club |
| <input type="checkbox"/> Mad Science Club | <input type="checkbox"/> Dance Club | <input type="checkbox"/> Spy Kids Club | <input type="checkbox"/> Tag Club |
| <input type="checkbox"/> Snack Art Club | <input type="checkbox"/> Creative Story Club | <input type="checkbox"/> Other: _____ | |

4TH and 5TH GRADE ONLY

- | | | | |
|--|--|--|---------------------------------------|
| <input type="checkbox"/> Drama Club | <input type="checkbox"/> Sports Club | <input type="checkbox"/> Game Show Club | <input type="checkbox"/> Book Club |
| <input type="checkbox"/> Girls on the Run Club | <input type="checkbox"/> Cooking Club | <input type="checkbox"/> Comic Book Club | <input type="checkbox"/> Pottery Club |
| <input type="checkbox"/> Movie Making Club | <input type="checkbox"/> Music Making Club | <input type="checkbox"/> Other: _____ | |

SECTION G: SIGN OUT INFORMATION

Please indicate how your student will be checking out of the program by checking below:

- A parent/guardian will pick up my student daily. The student is not to leave program on his/her own.
- My student has permission to sign him/herself out and will be leaving at ____pm. Student will not be released before 6:15 pm without a signed early release permission form.
- Student will be using the following mode of transportation:
Public transportation Walking Other: _____
- My Child will take the 5 o'clock bus home each day.
My child's stop will be _____

SECTION H: ABOUT YOUR STUDENT

- My Child will be participating in the YMCA snack program each day
- My child NOT be participating in the YMCA snack program. I will be providing an peanut free snack daily.

SECTION I: ADDITIONAL STUDENT

Please list any allergies or medications your child take. Please provide detailed instructions:

Is there anything else we should know about your child (medical/social concerns)?

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 6 and 7)**

After School Program Activity Schedule

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

After School Program Schedule

Pick up begins each day at 3:30pm. Depending on the age group, schedules may vary. Please see the Site Coordinator for specific age group schedules.

Academic Power Days– 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 Days!

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 multiple groups of their choice 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.

Family Nights – During this monthly event, students and their families are invited to collectively get together and share a meal and activity 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 snacks 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.

Please note: As an organization we have 3 key components we focus on: Healthy Eating and Physical Activity, Recreations and Academics. Each week your child will engage in all 3 components. Although we will be focusing on academics, this is not a homework completion program.

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

- Child care payments are due August 12, 2016 for option 1 and August 12, 2016 and December 1, 2016 for option 2
- Option 1 cost—\$55 dollars for the entire School Year
- Option 2 cost—\$780 for the entire School Year
- If payment is not made by the due date we will request permission 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 a 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.
- A \$15 bank fee will be charged for any returned payments.
- A 30 day notice is required for program cancellation (including school transfers). This notice must be received in writing.
- 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

What is your late pick up policy?

1st -late pick up - reminder that program ends at 6:30pm and give youth/parent late pick up policy.

2nd -late pick up - warning to parent, advise to get some other adult to pick up.

3rd -late pick up - youth is suspended from program until parent meets with us and shares their alternate plan that allows them to pick up on time.