



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

WE'RE HERE TO HELP

CHILDCARE/ SWIM TEAM PROGRAM ASSISTANCE FORM

THE YMCA IS A MISSION-DRIVEN, NONPROFIT ORGANIZATION THAT STRIVES TO SERVE ALL. WE OFFER FINANCIAL ASSISTANCE TO REDUCE PROGRAM FEES BECAUSE WE BELIEVE EVERYONE SHOULD HAVE THE OPPORTUNITY TO BE INVOLVED WITH OUR PROGRAMS, ESPECIALLY DURING LIFE'S DIFFICULT TIMES. PLEASE FILL OUT THIS FORM COMPLETELY AND RETURN IT TO THE YOUTH DEVELOPMENT DIRECTOR AT THE BRANCH OF THE PROGRAM. **** IT TAKES 7-10 DAYS FOR APPROVAL FOR THE DISCOUNT. ANY FEES BEFORE APPROVAL, WILL BE CHARGED AT FULL RATE. **MUST BE A CURRENT YMCA MEMBER, WITH A FAMILY MEMBERSHIP. IF NOT CURRENTLY RECEIVING FINANCIAL ASSISTANCE FOR MEMBERSHIP, ADDITIONAL PAPERWORK MAY BE ASKED FOR**

PARTICIPANT INFORMATION			
Program Applying for: Please circle Afterschool Summer Camp Swim Team			
First name:		Last name:	
PARENT/CAREGIVER INFORMATION (if applicable)			
Legal first name:		MI:	Legal last name:
Home address (city, state, zip code):			
Phone:		Email:	
INCOME INFORMATION			
Household Monthly Income	You		Second Adult (if applicable)
	Monthly income:	\$	\$
	Number of adults and children supported by above income:		
Other Income	<ul style="list-style-type: none"> Are you receiving government financial assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ /month Are you receiving food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ /month Are you receiving social security benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ /month Are you receiving veterans benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ /month Are you receiving child support? <input type="checkbox"/> Yes <input type="checkbox"/> No \$ /month 		
I certify that the above information is true and complete to the best of my knowledge. I understand the above agreement and my obligations. I further understand that the YMCA's policy for payment applies to this agreement.			
Signature: _____		Date: _____	
Approved and by:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Assistance amount:	Assistance expires: