



SUMMER DISCOVERY

Metropolitan YMCAs of Mississippi

2019 Registration Form

Do you have a YMCA Family Membership Yes No

*Individual Memberships are not eligible for discounted rates.

Commitment Weekly Fee: Y Family **\$107** /Others **\$137**

Plus \$10 weekly activity fee. \$40 Registration fee.

BANK DRAFT REQUIRED FOR TUITION PAYMENT

OFFICE USE ONLY: Clinton Reservoir
 ↑ School Age Program (must be @ least 5 & in school when program starts)
 Start Date: _____ Date Sent to Metro: _____ Fin Aid Sent: _____
 Weekly Prog: Fee: _____ - F/A: _____ = Due Wkly _____
 Membership Type: ↑ Citywide Family
ITEMS NEEDED: Child is NOT ENROLLED IN program until all items received
 ↑ Registration Form (signed) ↑ Registration Fee ↑ 1st week's tuition
 ↑ Financial Aid Packet ↑ USDA Enrollment
 ↑ Daxko ID _____

T-Shirt Size: YS YM YL S M L XL Must Register by APRIL 1ST to guarantee t-shirt size.

Email #1 _____ **Email #2** _____

Child's Name _____

Street Address _____ Apt # _____ City _____ Zip _____
First MI Last

Home Phone _____ Gender M or F DOB ____ / ____ / ____ Age _____

Grade Entering '19 _____ **Height** _____ **Weight** _____

Race/Ethnicity (optional for reporting information only):

- African American Caucasian Asian American Indian/Alaska Native Hawaiian/Pacific Islander Other

Persons authorized to act for the parent in case of an emergency and/or authorized to sign child into/out of program.

Please list name and contact information below and indicate authorization(s) by checking Yes or No.

Name of Adult- Include yourself	Contact Phone Numbers: (H)-Home (W)-Work (C)-Cell (O)-Other	Relationship To Child	Authorized To Act For Parent In Emergency	Authorized To Sign Child Into/Out Of Program
1)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
2)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
3)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
4)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
5)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
6)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
7)	(H) _____ (W) _____ (C) _____ (O) _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

I am interested in signing my child up for Swim Team Swim Lessons (forms emailed to address above).

AUTHORIZATION TO TAKE PICTURES/VIDEOS

The parents of the above registered child give authorization allowing the child to be photographed/videotaped and the photos/videos to be used in the promotion of the YMCA. I understand that as a parent, I am not allowed to take pictures of children attending the YMCA as a safety measure.

☞ PARENT SIGNATURE _____ DATE _____

AUTHORIZATION TO TRANSPORT

The parents of the above registered child give authorization allowing the child to be transported from school to the YMCA; to and from YMCA scheduled field trips; and to transport the child to Inclement Weather scheduled locations and other situations requiring the transport of children to alternate locations as necessary.

☞ PARENT SIGNATURE _____ DATE _____

PARENT/GUARDIAN INFORMATION

Mother's Name _____ **Place of Employment** _____

Driver's License: State _____ DL# _____

Work Address: _____

Business phone _____ ext: _____ Cell _____ Other _____

Father's Name _____ **Place of Employment** _____

Driver's License: State _____ DL# _____

Work Address: _____

Business phone _____ ext: _____ Cell _____ Other _____

Parent's Marital Status: Married Single Divorced Separated Widowed

Responsible Party Information:

I hereby assume the responsibility to pay the cost of all services provided by the YMCA for the above child regardless of any change in family status, in any court ordered or mediated payment plan between parents, or changes in the state's childcare certificate program as applies to my situation. I understand that it is my responsibility to ensure that childcare fees are paid to the YMCA according to the childcare policy.

Responsible Party Name (Printed): _____

Responsible Party #1 Signature: _____ Date: _____

Responsible Party #2 Signature: _____ Date: _____

Medical Release

I, _____ hereby give my permission to the YMCA staff to seek medical treatment (private physician or hospital) and/or transportation for my child should any emergency arise. I understand that a conscientious effort will be made to locate me or my spouse before any action will be taken.

☞ PARENT SIGNATURE _____ Date _____

Waiver of Liability, Disclaimer and Permissions

I hereby forever release, acquit, discharge and agree to indemnify and hold harmless the YMCA and all event sponsors and volunteers, as well as any officers, directors, agents, employees, successors or assigns of the aforementioned parties, in addition to all other persons who are either directly, or indirectly involved with the activity in which the participant is registering (collectively the "Released Parties"), from any and all liabilities, claims, damages and demands and all other liabilities or whatever kind of nature arising from or related to the Y activity, including, but not limited to, any and all liabilities, claims damages and demands arising from any personal injuries, loss or death occurring as a result of the Y activity. I further agree that I will never institute any action or suit, at law, in equity or otherwise, against any of the Released Parties, and will not aid in the institution or prosecution of any such action or suit against the Released Parties which in any way involves or relates to the Y activity. I further state that participant is in proper medical condition to participate in and complete the YMCA activity and is not participating against doctor's advice, nor is participant taking medications which would deter participant's health in the participation of the YMCA activity. If any act of God forces the cancellation of the Y activity, I understand that registration fees are non-refundable. This Release shall be binding upon the executors, administrators, personal representatives, heirs, successors and assigns of the undersigned.

☞ PARENT SIGNATURE _____ Date _____

Medical Care Information

Doctor's Name _____ Phone # _____
Address _____ City _____ Zip _____
Dentist's Name _____ Phone # _____
Address _____ City _____ Zip _____

Medical/Allergy Information List any medication prescribed, allergies, or conditions pertaining to your child.

Medication Request

We can only administer medication prescribed by a licensed physician. Medication must be in original container & written information authorizing medication dispensing must be provided.

Name/Type of Medication _____

Time of day medication is to be administered _____

Dosage (amount) to be administered _____

Special Instructions _____

Insurance Information

Medical Insurance Company Name _____

Group Number _____ Policy Number _____

I understand that the YMCA does not provide insurance for participants in its programs and it is my responsibility to provide for medical/dental insurance and/or expenses.

 PARENT SIGNATURE _____ Date _____

YMCA Meals and Snacks

I understand that the YMCA provides meals and snacks in accordance with USDA guidelines and that special arrangements for meals/snacks are not made unless there is a medical condition that prevents my child from eating certain food. I understand that should my child have an allergy to a particular food item or a condition that prevents my child from eating particular foods, I must have a written doctor's statement indicating the nature of the allergy/condition and a listing of foods that are to be avoided. When a child has an extreme allergic reaction, a medical alert bracelet should be worn by the child at all times. The YMCA does not alter USDA meal patterns based on the personal preference/tastes of the parent and/or child.

The YMCA provides a morning and afternoon snack on full-day care days and an afterschool **snack** for children in our care part-time. The YMCA may also participate in the USDA Summer Feeding Program in which lunch will be provided at participating locations. I understand that when my child attends full-day care that I must provide a **HEALTHY** lunch that meets the nutritional requirements of USDA/YMCA Healthy Eating Physical Activity programs do not allow for chips, cookies, sweetened drinks (even sports drinks). We encourage our families and youth to follow these guidelines. Food from outside sources such as McDonald's, Wendy's etc., IS NOT ALLOWED. I understand that **SOFT-DRINKS are NOT** to be sent to the Y.

PARENT SIGNATURE _____ DATE _____

YMCA CHILDCARE PROGRAM ACKNOWLEDGEMENT / AGREEMENT – Please initial on the line by each statement as indication you have read, understand and agree to abide by the following:

_____ **SUMMER DISCOVERY COMMITMENT POLICY:** I understand that the YMCA Summer Discovery Program is at least a 6-week program based on the 2019–2020 school year start date that has yet to be determined by the local school district. **I understand that I am committed to sending my child to camp for at least 6 weeks.** If my child attends more than 6 weeks of camp, I am responsible for tuition. I understand I must notify the YMCA, in writing, at least two weeks in advance if my child will not be attending camp.

_____ **SUMMER DISCOVERY VACATION POLICY:** I understand that this is a 6-week commitment program and that I have 4 weeks of vacation available during the summer in addition to the 6-week minimum commitment. I understand that I am to request my child's vacation 4 weeks in advance by completing the Vacation Request form. Failure to complete the form in advance will result in a \$10 vacation week late notice charge. I understand that the vacation benefit is to be used in one-week increments; cannot be broken down by the day; and cannot be used during any week in which my child attends the program. I understand that tuition is due for all weeks my child attends the program, even if they attend only 1 day.

_____ **FINANCIAL ASSISTANCE:** Limited financial assistance is available and is based on individual need and available scholarship funds. A Financial Assistance form and required documentation (most recent 1 month's worth of check stubs, most recent IRS 1040 Federal Tax Return and USDA Free/Reduced Meals Family Application) must be completed in order to apply for financial assistance. Financial Assistance is not retroactive or guaranteed because an application is submitted. Before any financial assistance is provided, a complete Financial Aid packet must be approved. Financial assistance provided according to the YMCA Financial Aid scale may be approved by the Childcare Director; however, any assistance provided beyond those guidelines must be approved by the branch director.

_____ **NON-REFUNDABLE REGISTRATION FEE & TWO-WEEK NOTICE REQUIREMENT:** I understand that the registration fee is **non-refundable** even if I decide not to enroll my child. I also understand that I must provide the YMCA two-weeks **written notice** of my child withdrawing from the Y. I understand that I will be held responsible for two-weeks of childcare fees if written notice is not provided, even if my child does not attend the program.

_____ **YMCA PAYMENT & LATE FEE POLICY:** I understand that all payments must be made via weekly bank draft. Drafts will be processed the Friday before services are rendered. **ANY WEEKLY PAYMENT NOT RECEIVED ON TIME, FOR ANY REASON, WILL BE CHARGED A \$40 LATE FEE.** If you do not wish to pay via bank draft, payments must be made on a monthly basis or bi-weekly basis. Monthly payments will be due on the first business day of the month by 6:00 pm. Bi weekly payments will be due no later than 6:00pm on Monday. **ANY PAYMENT MADE AFTER 6:00 P.M. ON THE FIRST OF THE MONTH, OR MONDAY (PRIOR TO SERVICES BEING RENDERED) FOR BI WEEKLY PAYMENTS, WILL BE ASSESSED A \$40.00 LATE FEE.** If payment is **NOT MADE ON TIME, ALL YMCA SERVICES MAY BE SUSPENDED IMMEDIATELY** until my account is brought current. Partial payments of fees are not accepted. Payments are due in full when payable.

_____ **CHECK POLICY:** Your personal checks are welcome here with valid identification. If your check or automatic draft is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of **\$30.00** or the maximum amount allowed by law. The check writer is also responsible for all other check recovery costs, including all attorney's fees, court costs and taxes. **I understand that in the event I present an NSF check, I must make payment in cash or certified funds.**

_____ **LOST, DAMAGED OR STOLEN ITEMS:** I understand that the YMCA is not responsible any items that are lost, damaged or stolen at the YMCA. Please mark your children's names in all clothing, back packs, swimsuits and towels. Please provide your child with a water bottle EVERY DAY during summer/holiday camps. Children **may not bring** toys, phones, iPods, electronic games or other such items. **I understand that I am responsible for any damages my child deliberately causes to YMCA property and facilities.**

_____ **WATER SAFETY REQUIREMENT:** The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal floatation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program each day during our summer camp program. The parent is responsible for providing a life-vest for the child when special swimming activities are scheduled during the school year. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether child is in the pool or on the pool deck.

_____ **APPLICATION OF SUNSCREEN:** According to the Mississippi State Department of Health, sunscreen is considered a medication. **I understand that Sunscreen will be administered, unless a written statement of decline is submitted, to children before swim time** in accordance to Mississippi State Department of Health regulations pertaining to medicine and sun safe practices (sec 105.07, 108.05). Please send your child to the YMCA with sunscreen already applied to face, neck, shoulders and any other area on your child in danger of burning.

ACKNOWLEDGEMENT/AGREEMENT (CONTINUED)

_____ **PARENT HANDBOOK AND MISSISSIPPI STATE CHILD CARE REGULATIONS:** I understand that the YMCA's Parent Handbook including discipline policies and a summary of the Mississippi State Child Care Regulations is located on the YMCA's website at www.metroymcams.org . **A hard copy of the YMCA's Parent Handbook is available upon request.** I understand that these policies apply to all childcare programs at the YMCA. I understand that changes in policy will be posted at the site and that posted policies apply to all childcare programs at the YMCA.

_____ **YMCA FAMILY MEMBERSHIP DISCOUNT:** I understand that I must have a YMCA FAMILY membership and my child must be listed on my YMCA Family membership in order to receive a discount on childcare fees. Individual memberships are not eligible for this discount. I must maintain my YMCA Family membership at all times. I understand that childcare service fees will revert to the higher non-YMCA Family Member rate effective the first week during which my YMCA Family Membership is deactivated.

_____ I understand that I am not to leave my child at the YMCA program center unless a YMCA staff is there to receive and supervise my child and that when full day care is provided, I must sign my child into the program. I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff have no recourse but to contact the police. (Please do not put staff in a position where they have to make this judgment call.)

_____ I understand that the YMCA is mandated by state law to report any suspected child abuse or neglect to the appropriate authorities for investigation. **Corporal punishment is not allowed on the YMCA property or in YMCA facility.**

_____ I understand that the YMCA does not credit accounts for missed days. The YMCA provides childcare services by the week and holds a childcare spot for your child while enrolled in the program; therefore tuition is due regardless of child's attendance at the program. I understand that I am still responsible for childcare fees even though my child may not participate in the YMCA childcare program while suspended from school or suspended from the YMCA childcare program. To ensure your child's place in our programs, payments must be made on their account. If your child is absent, you will be held responsible for those two weeks. Once dropped, you will be required to pay another registration fee.

_____ **STATE CHILDCARE CERTIFICATE PROGRAM REQUIREMENTS:** If my child is enrolled or should become enrolled in the State's Childcare Certificate program, I understand that I am responsible for making my required co-pay by the 5th of each month and that failure to make the required co-payment on time will be reported to my case manager which may result in the termination of my certificate. I understand that the co-payment is based on either full-time or part-time care and I will be charged accordingly. **I am responsible for field trip fees and any registration fees required.** My child receives 15 vacation days each certificate year (Oct. 1 to Sept. 30) in which my childcare provider is paid for these absences by the state. I understand that once my child has used all available vacation days, **I am responsible for paying the Y the daily reimbursement rate for my child since the state will not reimburse the Y for these missed days.** Payment for these unreimbursed days will be due by the 15th of the following month. Failure to comply with this requirement will be reported to my case manager which may result in the termination of my certificate. If my childcare certificate is terminated, I am responsible for the full childcare fee due unless I apply for financial assistance and enroll my child in the YMCA's Weekly payment program. Any outstanding co-payment not received before the 5th of each month, and any unreimbursed fees not received by the 15th of the following month, are also subject to a \$40 late payment fee.

_____ I understand that YMCA staff and volunteers are not allowed to baby-sit or transport children at any time outside of the YMCA program unless I have completed the "Acknowledgement of Outside Relationship" form and it has been submitted to the YMCA Childcare program director. The YMCA will take immediate staff and volunteer disciplinary action (including up to termination of employee or volunteer) if a violation occurs.

_____ I understand that the YMCA may terminate my child's enrollment for any of the following reasons: Emergency names and phone numbers are incorrect; Parent is late picking up child after Program Center closes; Non/late/NSF payment of fees; Failure to adhere to the sign-in/sign-out policies; Failure to notify the YMCA that child will be absent; Behavior that is continually disruptive or dangerous to others and/or self; Behavior that is destructive to property and/or refusal to replace said property; Any single incident that is deemed by the Childcare Director to be dangerous, harmful or disruptive; Harassment, violent behavior or threat of such behaviors against a staff person or other member by parent/guardian or persons associated to the child (family member, family friend, etc.).

_____ I understand that I will still be responsible for childcare fees even though the child may not participate in the YMCA childcare program while suspended from school or suspended from the YMCA program.

ACKNOWLEDGEMENT/AGREEMENT (CONTINUED)

_____ **LUNCH REQUIREMENT** I understand that when my child attends full-day care that I must provide a **HEALTHY** lunch that meets the nutritional requirements of USDA/YMCA Healthy Eating Physical Activity programs. These programs do not allow for chips, cookies, sweetened drinks (even sports drinks). We encourage our families and youth to follow these guidelines. Food from outside sources such as McDonald’s, Wendy’s etc., IS NOT ALLOWED. I understand that **SOFT-DRINKS are NOT** to be sent to the Y. Failure to provide lunch will result in a \$5 fee that must be paid before my child can return to the program

_____ I understand that non-payment of fees will result in my child not being allowed to participate in the program and could result in legal referral with additional costs to myself. I understand that if my child has an outstanding balance from a previous YMCA childcare program, my child will not be allowed to attend any current YMCA childcare program until the outstanding balance is paid in full. I further understand there is an administrative processing fee for any payment returned by my bank or credit account.

 **PARENT SIGNATURE** _____ **DATE** _____

Weekly Bank Draft Account Authorization Information

Parent Name _____ Name on Check/Credit: _____

Address _____ City/State _____ Zip _____

Bank Name _____ City/State _____

WEEKLY DRAFT – Draft will occur Friday prior to the week services are rendered.

Account Type: (Circle one) Checking / Savings

Routing Number _____ **Account Number** _____

OR (Circle one) VISA MC DISCOVER AMEX

Card Number _____ **Expiration Date** _____ **cvc** _____

Advance childcare payments are required. Registration fee and first week’s fees are due at registration. All subsequent fees draft weekly. Drafts will occur the Friday prior to the week services are provided.

Automatic Draft & Check Policy

If your Automatic Draft or Personal Check is returned NSF, it may be re-presented electronically and you will be assessed a processing fee of \$30.00 or the maximum amount allowed by law. You will also be responsible for all other recovery costs, including all attorney’s fees, court costs, and taxes. You will also be responsible for any uncollected childcare fees. I hereby authorize the YMCA to initiate debits on the above named Financial Institution to pay my weekly YMCA childcare services bill. This authorization is to remain in full force and effect until the YMCA has received a 30 day written notification from me, or until the YMCA or Financial Institution has sent me a 30 day written notice as to the YMCA’s or Financial Institution’s termination of the agreement. I understand that my weekly draft is subject to change should my membership status change or should the YMCA change its childcare billing rate.

 **PARENT SIGNATURE** _____ **DATE** _____

**ATTACH VOIDED CHECK/COPY OF SAVINGS ACCOUNT CARD
OR
COPY OF CREDIT/DEBIT CARD TO THIS PAGE**

2019 Summer Camps Permission Slip

Child's name _____

Parent Initial

_____ has permission to be transported by counselors and/or Director to the YMCA swimming pool as determined by the counselors and Directors of the YMCA Afterschool/Camp Programs.

The YMCA has implemented a "Pass the Test or Wear the Vest" policy to increase safety of all non-swimmers. Children who cannot pass the swim test must wear a Coast Guard approved personal flotation device (life-vest) to be provided by the parent and kept at the YMCA for swim times in order for the child to attend the program. Due to pool regulations, life vests must be worn by all non-swimmers at all swim times whether child is on the pool or on the pool deck.

Parent Initial

_____ has permission to be transported by counselors and/or Director to various programming areas of the YMCA location as determined by the counselors and Directors of the YMCA Afterschool Program/Camp Programs.

My child attends the: (please check box for your YMCA location)

- Clinton YMCA: Areas include Indoor Soccer Arena, Group Fitness room(s), Indoor track and Sports Fields located behind main building, as well as the Flowood and Reservoir YMCAs. Parent will be notified in advance.
- Reservoir YMCA: Areas include Zip Line, Group Fitness room(s), PRV Pavilion /Play Ground areas and Sports Fields located in front of main building, as well as the Flowood YMCA. Parent will be notified in advance.

Parent Signature: _____ Date: _____



VACATION WEEK REQUEST

Please request a copy of the completed form that is signed and dated by a YMCA staff as verification of request to prove that your request was made in advance to avoid the \$10 late request fee.

The YMCA charges the full-time care rate for all participants enrolled in the YMCA's SUMMER CAMP PROGRAMS. Four weeks of vacation are allowed during the YMCA Summer Programs. Parents are responsible for tuition for all other weeks. It is understood that the vacation benefit when enrolling in this program is non-transferable, has no cash value, and must be requested in writing prior to vacation in order to be valid. The vacation benefit is to be used in one-week increments; cannot be broken down by the day; and cannot be used during any week in which your child attends the program. The vacation allotment cannot be applied to outstanding balances or to the last week's tuition due. It cannot be used to create a childcare credit or voucher. The Vacation week is extended to families as a courtesy and can be amended or changed at the discretion of the Y.

If the vacation request form is not completed in advance of the vacation, parents may still request to use their child's available vacation benefit; however, the childcare fee for that vacation week will be \$10.00 because of the late submission.

Child's Name: _____

Vacation start date: _____ Vacation end date: _____

Parent Signature: _____

Received by YMCA Staff _____ on _____



Metropolitan YMCAs of Mississippi Financial Assistance Application

Date of Application _____

A copy of the applicant's most recent 1040 Federal tax return and most recent 1 month's payroll stubs must accompany the application. Copies of this information will be attached to the application and remain the property of the YMCA. All information will remain confidential. **Incomplete forms or forms missing information will not be processed.**

It is the Y's belief that every individual will have a shared financial investment with their YMCA financial assistance. Financial assistance is determined by a sliding fee scale. Funds are limited and are allocated as funds become available. Failure to utilize the service may result in loss of assistance prior to the determined expiration date. Remaining funds will be transferred to another deserving individual on a waiting list. Any and all portions of the fee paid by the recipient are not refundable. Financial assistance is made possible through our Annual Community Support Campaign.

Name			Date of Birth		
Contact Number:			Alternate Number:		
Employer:			Length of Employment		
Dependents on 1040 Tax Return — Spouse/Child(ren)'s Name(s)		Age	School/Employer		Birth Date
1					
2					
3					
4					
5					
6					
Are you a single parent household?	<input type="radio"/> Yes	<input type="radio"/> No	Have you ever applied for assistance before at the Y?	<input type="radio"/> Yes	<input type="radio"/> No
Application is for:	<input type="radio"/> Membership		If yes, which YMCA and what for?		
	<input type="radio"/> Program				
	<input type="radio"/> Child Care				
What is the dollar amount you are willing or able to pay?	Membership	\$	per month	Your present income level is:	
	Program	\$	per session		
	Child Care	\$	per week		
Why are you applying for assistance?					<input type="radio"/> Under \$10,000 <input type="radio"/> \$10,000 to \$13,999 <input type="radio"/> \$14,000 to \$15,999 <input type="radio"/> \$16,000 to \$19,999 <input type="radio"/> \$20,000 to \$24,999 <input type="radio"/> \$25,000 to \$29,999 <input type="radio"/> \$30,000 to \$34,999 <input type="radio"/> \$35,000 to \$39,999 <input type="radio"/> \$40,000 to \$50,000
What volunteer service can you participate in at the YMCA?					
How many volunteer hours are you available and when?					
If applying for assistance with Child Care:		Are you eligible for a State Childcare Certificate? <input type="radio"/> Yes <input type="radio"/> No			
		Have you applied for a State Childcare Certificate? <input type="radio"/> Yes <input type="radio"/> No			
If you have applied for a State Childcare Certificate:					
<input type="radio"/> My application was DENIED—List reason denied: _____					
<input type="radio"/> My application was APPROVED—List Case Manager: _____ Expected Issue Date: _____					

Please itemize your monthly income and expenses.

INCOME		EXPENSES	
Wage, salaries & tips	\$	Rent/mortgage	\$
Unemployment compensation	\$	Electric/Gas/Water	\$
Social Security compensation	\$	Phone	\$
Child Support	\$	Car Insurance	\$
Aid To Dependent Children	\$	Food	\$
Food Stamps	\$	Clothing	\$
401K/Retirement funds	\$	Child Support	\$
Alimony	\$	Alimony	\$
Other	\$	Medical	\$
Total INCOME	\$	Total EXPENSES	\$

This application will be denied without a copy of the applicant's **most recent 1040 Federal tax return and most recent 1 month's payroll stubs** of all wages earned within the household. Financial assistance will be granted based on the need demonstrated by household income and/or extenuating circumstances. To explain extenuating circumstances (changes in employment status, family illnesses, etc.) attach a letter of explanation/request.

Please allow a minimum of two weeks for this application to be processed and approved (or denied) by the YMCA. You will be contacted via phone by the YMCA as to the status of this application.

I hereby attest that the above information is accurate, and I understand that if any information is found to be inaccurate, I forfeit my right to Financial Assistance through the Metropolitan YMCAs of Mississippi. I agree to notify the Y, within 10 working days of any changes in the circumstances regarding the information contained in the application.

Signature _____ Date _____

SCHOLARSHIPS ARE VALID UP TO 1 YEAR AT WHICH POINT THE APPLICATION MUST BE RESUBMITTED.

Office Use Only:		Date Received: _____	
Membership Type:		New	Renew
Denied Reason:		Notified Date:	
Approved:	Member Pays: \$	YMCA Pays: \$	
	OR	OR	
	Member Pays: %	YMCA Pays: %	
Expiration Date:		Notified Date:	
Director's Signature:		Date:	

CHILDCARE FINANCIAL ASSISTANCE INFORMATION						
Child's Name (First & Last)	Full Fee:	- Approved Scholarship Amount:	= Fee Paid By Applicant	Scholarship Source	Start Date:	Expire Date

ALL FINANCIAL ASSISTANCE MUST BE APPROVED BY THE BRANCH DIRECTOR IF OUTSIDE OF ESTABLISHED SLIDING FEE SCALE. A WRITTEN RATIONALE FOR LEVEL OF ASSISTANCE MUST BE PROVIDED AND INCLUDE WITH THIS APPLICATION.