



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA of Austin Program Services

Lista de Documentos Para el Paquete de Asistencia Económica

Nuestra oficina solo acepta solicitudes de asistencia económica si los paquetes de asistencia están completos.

Los siguientes documentos son requeridos para completar su aplicación:

- Forma de Ingreso (Afterschool o Camp) **Program Enrollment Forms 2012*
- Forma de Asistencia *Económica*
- Carta de Explicación
- Copias de sus más recientes talones de sueldo (los dos talones más recientes que indican un mes entero de sueldo)
- Otros ingresos pertinentes (no es limitado a estos documentos):
 - Carta de Beneficios de Seguridad Social
 - Carta de Apoyo de Niños
 - Carta de Beneficios de Retiro (jubilación)
 - Carta de Información de Estampillas de Comida (Food Stamps)
 - Carta de Información de Discapacidad
 - Otra: _____

*Si tiene preguntas o necesita ayuda para completar su Formulario de Ingreso (Enrollment Forms) por favor llame a la oficina de Servicios de Programa: (512) 236-9622 extensión 132.

Nuestra oficina necesita aproximadamente dos-tres semanas para procesar aplicaciones de asistencia.

Un depósito de \$10 por semana, por niño es requerido. Este depósito no se puede devolver al cliente y es necesario para registrar a niños en nuestros programas.

La YMCA no puede reservar semanas de campo si un depósito no se ha pagado.

Por favor regresar sus formas a Program Services YMCA por e-mail, fax, o en persona. Todos los pagos para programas de campamento de verano deben de hacerse solamente con la oficina de Program Services.



YMCA OF AUSTIN - 2012 SUMMER DAY CAMP ENROLLMENT FORM

Check here if you are applying for Financial Assistance:

Check here if you are applying through Workforce

To comply with State Licensing laws, all sections of this form must be completed before we can accept any child for care.
*** PLEASE PRINT ***

Child's (1) First Name: _____ Last Name: _____
Gender (Circle One): Boy Girl Date of Birth: ___/___/___ Grade: (School Year 2012-2013) _____

Child's (2) First Name: _____ Last Name: _____
Gender (Circle One): Boy Girl Date of Birth: ___/___/___ Grade: (School Year 2012-2013) _____

PARENT/GUARDIAN INFORMATION

Person listed as Primary Guardian will be the sole person authorized to request changes to information and/or cancellation of care.

Primary Guardian [Mother] [Father] [Other: _____] Authorized to Pick Up: Yes No
First Name: _____ Last Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone: _____ (Ext) _____ Other Phone: _____

PARENT/GUARDIAN INFORMATION

Secondary Guardian [Mother] [Father] [Other: _____] Authorized to Pick Up: Yes No
First Name: _____ Last Name: _____ Email: _____
Address: _____ City: _____ State: _____ Zip: _____
Cell Phone: _____ Work Phone: _____ (Ext) _____ Other Phone: _____

EMERGENCY CONTACT/AUTHORIZED PICK-UPS

MUST LIST AT LEAST ONE EMERGENCY CONTACT OTHER THAN PARENTS LISTED ABOVE

LOCAL PERSON OTHER THAN THOSE LISTED ABOVE TO CONTACT IN CASE OF EMERGENCY IF PARENT/LEGAL GUARDIAN CANNOT BE REACHED: (To be in compliance with the YMCA of Austin Program Services' policies and those provided by DSHS and TDFPS, the individual authorized to pick up your child must 18 years of age or older.)

Name:	Cell Phone:
Address:	City/State/Zip
Work Phone:	Other Phone:

Name:	Cell Phone:
Address:	City/State/Zip
Work Phone:	Other Phone:



YMCA OF AUSTIN - 2012 SUMMER DAY CAMP AUTHORIZATION FOR EMERGENCY MEDICAL CARE

Child's (1) First Name: _____
Child's (2) First Name: _____

Last Name: _____
Last Name: _____

EMERGENCY INFORMATION

In the event that I cannot be reached to make arrangements for emergency medical attention, I hereby authorize the YMCA of Austin Program Staff to take my child (ren) to:

	Name	Phone	Address	City/State/Zip
Licensed Physician				
Preferred Hospital				

*****To comply by State Licensing laws, a preferred physician must be listed*****

In order to best meet your child's needs, we require that you list any special needs that your child may have, such as physical limitations, emotional or behavioral issues, allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that staff should be aware of: _____

PARENTAL CONSENT

Please circle YES or NO for the following. (If no selection is made, it is assumed that the answer is "YES"):

YES	NO	
		CONSENT FOR TREATMENT: I give consent for any and all necessary treatment when my child(ren) is in the care of his physician or hospital.
		AUTHORIZATION: In case of sickness or accident, I hereby give my permission to the medical personnel selected by the YMCA to order and/or perform any medical attention deemed necessary, if I am unable to be contacted. I accept financial responsibility if such treatment is necessary. I further understand that neither the YMCA nor its workers can be held responsible in the event of accident or accidental death.
		IMMUNIZATION: I can provide the immunization record and/or records are on file at my child's school. All required immunizations and/or immunizations and/or tuberculosis tests are current.
		Name of School: _____ Address: _____ Phone: _____

PARENT AND PARTICIPANT STATEMENT OF AGREEMENT

- I understand that I may not leave my child at the camp location unless there is a YMCA staff member present.
- I understand that my child will not be allowed to leave the program with an unauthorized person or staff member. Only adults with valid photo IDs and who are over the age of 18 can be authorized to pick up the child.
- I understand that the YMCA is mandated by Texas Law to report any suspected cases of child abuse or neglect.
- I understand that YMCA staff may **not** baby-sit, transport, or care for children other than during YMCA program hours.
- I understand that my child may be removed from a YMCA program for any of the following reasons:
 - Failure to pay program fees by designated deadlines.
 - Inappropriate behavior of a child/parent that endangers anyone involved with the YMCA.
 - Failure to observe any of the conditions listed in the seasonal Parent Handbook.
- I authorize for my child(ren) to participate in the following activities while enrolled in YMCA Programs:
 - Swimming/Water Activities
 - Travel on YMCA arranged Transportation
 - View PG rated film
 - Participate in photos or videos for YMCA publications
 - Participate in Camp Activities (including fieldtrips)

Behavior Policy: Good behavior is important to everyone in daily life. Certain behaviors are expected from the children involved in the YMCA Summer Camp program, and following rules promotes a good learning experience that is safe and secure. When a child ignores or disregards rules, everyone's experience is diminished. A Behavior Contract is the first formal step to help solve rule violations. The Behavior Contract involves parents, child, and staff and it requires the participation of all parties. If your child's behavior becomes an ongoing problem, then a behavior Contract will be issued. A sample contract is available at the Summer Camp site. Failure to correct behavior may result in suspension or dismissal. Please note that not all of the steps of a Behavior Contract will be taken every time a child breaks a YMCA rule. Disciplinary action will be determined for each child based on the severity of the action. Violence or issues which compromise the safety of the YMCA staff or participants will not be tolerated and can result in immediate suspension or expulsion from the program.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED THE YMCA OF AUSTIN'S PARENT AND PARTICIPANT STATEMENT OF AGREEMENT / BEHAVIOR POLICY AND AGREE TO THE TERMS LISTED ABOVE:

X _____
Signature of Parent/Guardian

X _____
Date



YMCA OF AUSTIN - 2012 SUMMER DAY CAMP WAIVER/SESSION ENROLLMENT FORM

Waiver, Release, Indemnification and Hold Harmless Agreement

Waiver, Release, Indemnification and Hold Harmless Agreement: I acknowledge and understand that participation in the YMCA of Austin activities involves physical activity and inherent risk of bodily injury or damage to my property, and I do hereby agree, to the fullest extent permitted by law, to release, protect, indemnify, hold harmless, and covenant not to sue, the YMCA of Austin, its organizers, employees, volunteers, officers, representatives and agents, from and against any and all losses, injuries, harm, claims, and damages, including attorneys' fees and court costs, causes of action or suits in equity of whatsoever kind or nature, arising out of, predicated upon, or in any way resulting from participation in YMCA of Austin activities, other use or occupancy of the YMCA of Austin's facilities and equipment, or while traveling to off-site activities, whether caused directly or indirectly by the YMCA of Austin, its organizers, employees, volunteers, officers, representatives and agents, acts or omissions, including but not limited to the YMCA of Austin's own negligence or gross negligence. I expressly assume all such dangers, risks and hazards to me and all minors in my care.

LARGE GROUP FORMAT: I understand that, due to the large group format of our program, the YMCA is unable to provide one-on-one care for any child except on an intermittent basis. Such instances include: injuries, immediate disciplinary issues, and certain personal care needs customarily provided to other children. I UNDERSTAND THAT I WILL RECEIVE A WRITTEN COPY OF THE YMCA PARENT HANDBOOK ON OR BEFORE THE FIRST DAY OF MY CHILD'S ENROLLMENT. THIS INFORMATION IS ALSO AVAILABLE AT AustinYMCA.org.

PLEASE SIGN TO INDICATE THAT YOU HAVE RECEIVED, READ AND AGREE TO THE ABOVE WAIVER, RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT

X _____
Signature of Parent/Guardian

X _____
Date

Session Enrollment:

#	<u>Camp Dates</u>	<u>Child 1 Camp Location</u>	<u>Child 2 Camp Location</u>	<u>Date of Charge</u>
	<i>Example Session</i>	<i>Spicewood - Theme</i>	<i>Hays YMCA - Kinder</i>	
0	May 29 - June 1	_____	_____	*May 16
1	June 4 - June 8	_____	_____	*May 23
2	June 11 - June 15	_____	_____	*May 30
3	June 18 - June 22	_____	_____	*June 6
4	June 25 - June 29	_____	_____	*June 13
5	July 2-3, 5-6	_____	_____	*June 20
6	July 9 - July 13	_____	_____	*June 27
7	July 16 - July 20	_____	_____	*July 4
8	July 23 - July 27	_____	_____	*July 11
9	July 30 - Aug 3	_____	_____	*July 18
10	Aug 6 - Aug 10	_____	_____	*July 25
11	Aug 13 - Aug 17	_____	_____	*August 1
12	Aug 20 - Aug 24	_____	_____	*August 8

My signature verifies that I have read and received a copy of the Fees and Payments Guidelines and agree to all program fees as described and indicated on page 7.

X _____
Signature of Parent/Guardian

X _____
Date



YMCA OF AUSTIN - 2012 SUMMER DAY CAMP PAYMENT METHOD AUTHORIZATION

Child's (1) Name: _____ Child's (2) Name: _____
 Name of Card/Account Holder: _____ Cell/Work Phone: _____
 Is this the primary contact for all billing concerns/questions? {YES} {NO} Other Contact: _____

AUTOMATIC PAYMENT PLAN

The YMCA of Austin offers an automatic payment plan via our accounting software company called Daxko. This plan provided you the opportunity to spread the payment of camp fees. Fees are automatically charged to Bank, Credit Union, or Credit Card Company. There is no additional cost for this program.

Bank/Credit/Debit Draft Agreement:

- I understand that Daxko has been authorized as an agent on behalf of YMCA of Austin, Program Services Branch to initiate debit entries against my Checking/Savings Account or Credit/Debit Card. Also, I acknowledge that the origination of ACH (Automatic Clearing House) transactions to my account must comply with the provisions of United States Law.
- I understand that Daxko, a U.S. corporation, will be processing electronic funds transfers. Debit to your account will be presented in your bank statements as "Daxko" and these funds will be electronically transferred to the YMCA of Austin, Program Services Branch and posted to your childcare account weekly.
- The YMCA of Austin, Board of Directors and/or management may, at their discretion, adjust the rate plan applicable to childcare programs at any time. I understand that I will receive at least a 30 day notification prior to any such change.
 - When using the credit/debit card payment method: Should any debit not be honored by my credit card company for any reason, I understand that I am still responsible for the payment plus a \$30.00 service charge applied by the YMCA. This is in addition to any service fee my credit card company may require.
 - When using the bank draft/EFT method: Should any debit not be honored by my bank/EFT account for any reason, I understand that I am still responsible for the payment, plus a service charge applied by a third-party debt collector called eCashFlow Systems. eCashFlow Systems may attempt to collect the outstanding balance up to three times. Each time they collect, or are unable to collect, another \$30.00 charge will be applied. This is in addition to any service fee my bank may require.

OPTION 1: CREDIT/DEBIT CARD

Card Type <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/> M/C	Credit/Debit Card Number:	Exp. Date:
	Credit Card Billing Address:	Zip Code:

OPTION 2: BANK DRAFT/EFT*

Please include a voided check with this form

*This needs 10 business days to authorize before we could use this account.	Full Name of Bank:	Bank Address:
	Bank Accounting Number:	Bank Transit Number:

Authorization: I hereby authorize the YMCA of Austin to debit the above credit card/bank draft/EFT on the dates indicated for my 2012 Summer Day Camp payments. I understand that I am being enrolled in the automatic payment plan as described above and agree to any and all fees that may incur use of this service.

X _____
Signature of Parent/Guardian

X _____
Date



Solicitud de Asistencia Económica – Campamento de Verano 2012

Información del solicitante:

Apellido: _____ Nombre: _____ Teléfono: _____
Dirección: _____ Apt # _____
Ciudad: _____ Código Postal: _____ Celular: _____
*Correo Electronico: _____

Indique nombres y edades de todas las personas que viven en su hogar aparte de usted:

Nombre: _____ Edad: _____ Nombre: _____ Edad: _____

Nombre: _____ Edad: _____ Nombre: _____ Edad: _____

Información de segunda persona en su hogar que ayuda con sus gastos:

Apellido: _____ Nombre: _____ Telefono: _____
Trabaja en: _____ Teléfono de trabajo: _____ Tiempo completo o parcial? (indique)
Salario por hora: \$ _____ Salario Anual: \$ _____

Ingreso mensual de familia

Saldos: _____

Workers Comp: _____

Food Stamps: _____

Child Support: _____

Otros ingresos: _____

Desempleo: _____

Social Security o SSI: _____

Total: _____

Gastos mensuales de familia

Alquiler/hipoteca: _____

Alimentos: _____

Transporte: _____

Cuidado Infantil: _____

Gastos Medicos: _____

Servicios de agua/luz, etc.: _____

Otros gastos: _____

Total: _____

Suma que puedo pagar por este programa: \$ _____

Yo entiendo que estoy aplicando para asistencia económica de la YMCA Program Services. Yo voy a seguir las reglas del programa establecidas por la oficina de Program Services, y entiendo que mi asistencia puede ser negada si no sigo las reglas financieras establecidas por esta oficina. Yo entiendo que estas reglas están incluidas en la forma de registro "2012 Summer Day Camp Enrollment Form" para los campamentos de verano.

Firma de padre o persona responsable

Fecha

Carta de Explicación

La YMCA requiere una Carta de Explicación es para obtener mas información acerca de su situación económica. Por favor responda a las preguntas en esta pagina. Si necesita ayuda completando la Carta de Explicación, por favor llame a nuestra oficina.

Por favor explique las razones porque usted esta solicitando asistencia económica.

Que pasos esta tomando para estabilizar la situación económica de su familia?

Cual es su experiencia pasada con la YMCA? Ha sido un miembro de la YMCA en el pasado?

Que significa para usted y su familia si la YMCA le da asistencia económica?

Por favor diganos cualquier otra información que nos ayude en nuestra decisión
