

YWCA GIRLS EXCLUSIVE SUMMER PROGRAM 2019



Child's Name: _____ Nickname: _____
(Please Print)

School in Fall: _____ Grade in Fall: _____ Age: _____ DOB: ___/___/___

Parent/Guardian Name: _____ Cell Phone: _____

Street Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____ Work Phone: _____

Parent/Guardian Email Address: _____

T-Shirt Size (Circle One): Adult Small Adult Medium Adult Large Other: _____

Has your child ever participated in YWCA programming? NO If YES, please indicate: _____

Days Attending (Circle all that apply): Monday Tuesday Wednesday Thursday Friday

Weeks Attending (Circle all that apply): 7/1-7/5 7/8-7/12 7/15-7/19 7/22-7/26 7/29-8/2 8/5-8/19 8/12-8/16

The following questions are optional and for demographic purposes only.

What is your Household Income? (Check only one)	
\$60,000 - \$69,999	\$0-\$9,999
\$70,000 - \$79,999	\$10,000 - \$19,999
\$80,000 - \$89,999	\$20,000 - \$29,999
\$90,000 - \$99,999	\$30,000 - \$39,999
\$100,000 +	\$40,000 - \$49,999
	\$50,000 - \$59,999

What is your child's Race? (Check all that apply)	
Caucasian	
African-American	
Asian	
Latina	
Native-American	
Hawaiian/Pacific Islander	
Mixed Race	
Other: _____	

What is your Household Size? _____ (Number of people)

By signing below I hereby give my consent and waiver for my child to participate in the YWCA Girls Exclusive Summer Program. I also give consent for my child to take part in fundraisers.

By signing below I agree that my child will be present at the YWCA by 9:30 am daily. I also agree that my child will be picked up by myself, a party designated by me, or transportation will be arranged by 4:00 pm each day.

Parent/Guardian Signature: _____ Date: _____

Child's Signature: _____ Date: _____

*Girls Exclusive is an EEC license exempt program.

(OFFSITE PERMISSION & PHOTO RELEASE ON REVERSE)

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OFFSITE PERMISSION

The Girls Exclusive Summer Program will require many offsite visits to area businesses and local points of interest during the course of the program.

By signing below I hereby consent for my children to leave the site of the YWCA under the supervision of the program coordinator or approved staff member. I understand that there will be times in which program participants will be transported by public transportation. I agree to release the YWCA and its employees from any liability associated with involvement in the Girls Exclusive program.

Parent/Guardian Signature: _____

Date: _____

PHOTO RELEASE

By signing below I hereby consent (for the purpose of public relations and promotion of the YWCA Girls Exclusive Program) to the YWCA Southeastern Massachusetts to reproduce and display all photographs and/or video recordings taken of my children (with or without the use of their name, age, and/or hometown) by said organization in displays, editorials, exhibitions, social media including but not limited to Facebook, Twitter, Instagram and YouTube, and website.

In giving this consent, I release the YWCA Southeastern Massachusetts, the Girls Exclusive Program, and its nominees or designees, from liability for any violation of any personal or proprietary right I may have in connection with such sale, reproduction and use.

Parent/Guardian Signature: _____

Date: _____

**Girls Exclusive is an EEC license exempt program.*

eliminating racism
empowering women
ywca

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FIRST AID AND EMERGENCY MEDICAL CARE CONSENT FORM

Child's Name: _____ Date of Birth: ____/____/____

I authorize YWCA staff that is trained in the basics of first aid and CPR to give my child first aid and/or CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the YWCA Girls Exclusive Program to transport my child to the nearest medical care facility and/or to St. Luke's Hospital, and to secure necessary medical treatment for my child.

Child's Primary Physician: _____

Address: _____

Phone Number: _____

My child has an allergy to: _____

Chronic Health Conditions: _____

Health Insurance Coverage:
Policy Number:
Parent/Guardian Name:
Other Parent/Guardian Name:

Emergency Contacts (In order to be contacted)

1. Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Do you give permission for your child to be released to this person? YES or NO

2. Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Do you give permission for your child to be released to this person? YES or NO

3. Name: _____ Address: _____

Relationship to Child: _____ Phone: _____

Do you give permission for your child to be released to this person? YES or NO

Parent/Guardian Signature: _____ Date: _____

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INSTRUCTIONS FOR COMPLETING SCHOLARSHIP FORM

If any member of the household gets SNAP or TAFDC, follow these instructions:

Part 1: List all enrolled children and household members. For any person, including children, with no income, you must check the "No Income Box".

Part 2: List the case number for any household member receiving SNAP or TAFDC benefits.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Skip this part

Part 5: Sign the form.

Part 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Report income after expenses in Box 1 only if self employed. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form.

Part 6: Answer this question if you choose.

Part 1. All Household Members		
Names of all household members (First, Middle Initial, Last)	CHECK IF A FOSTER CHILD * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

Part 2. Benefits: If any member of your household received SNAP or TAFDC cash assistance, provide the name and case number for the person who receives benefits. **If no one receives these benefits, skip to part 3.**
NAME: _____ CASE NUMBER: _____

Part 3. If any child you are applying for is homeless, migrant, or a runaway, check the appropriate box and call the Child Care Sponsor at Phone #: _____
Homeless Migrant Runaway

Part 4. Total Household Gross Income—You must tell us how much and how often

A. Name (List only household members with income) <i>(Example)</i> <i>Jane Smith</i>	B. Gross income and how often it was received			
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Pensions, retirement, Social Security, SSI, VA benefits	4. All Other Income
	\$200/weekly _____	\$150/twice a month _____	\$100/monthly _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____
	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____	\$ _____ / _____

Part 5. Signature (Adult must sign)

I certify that all information on this form is true and that all income is reported.

Sign here: _____ Print name: _____

Date: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Part 6. Participant's ethnic and racial identities (optional)

Mark one ethnic identity:	Mark one or more racial identities:
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> Black or African American