



NORTH PENN YMCA

Extra Hands

Financial Assistance Application

We make the community we serve a better place to live. Through our programs and activities, we strive to enrich and strengthen families, provide wholesome supervised recreation, offer positive learning, leadership and character development opportunities, and promote wellness for all people regardless of ability to pay.

General Guidelines:

- Any outstanding balances must be paid in full before financial assistance will be granted.
- All child care applicants must apply for CCIS/Apple before any Extra Hands Assistance is considered and/or granted.
- CCIS of Bucks County www.buckschildcare.com 800-371-2109 or 215-348-1283 CCIS of Montgomery County www.montcopa.org 800-281-1116 or 610-278-3707.
- Incomplete applications will not be processed. All household income must be verified by attaching proof of wages and benefits you receive. You must also attach proof of any extenuating circumstances (e.g. medical bills, school bills, proof of eviction/job loss, etc.)

Required Information for Household:

- Please complete the application and return it with proof of ALL household income. All household income must be verified by attaching proof of wages and benefits you receive. You must also attach proof of any extenuating circumstances that you believe we should consider (e.g. medical bills, unpaid school bills, proof of eviction, job loss, etc.)
- Current 1040 Income tax form. **Effective February 1 of each year the 1040 must reflect income and dependents of the prior year. (self-employed include profit loss statement)**
- Last four (4) paystubs.
- Rental Income.
- Pennsylvania Department of Human Services Report.
- Copies of award letters for social security or social security disability, retirement, veterans benefits, unemployment compensation, workers compensation, foundations, social service organizations, government aid, child support, alimony, and any other third party support.

Extra Hands Financial Assistance Program:

- The North Penn YMCA Extra Hands Financial Assistance program is made possible by the generous contributions of our donors to the YMCA Annual Campaign.
- **Summer Camps fill up quickly. Most positions are filled by March 15th. Please submit your completed application with all required documentation as soon as possible.**
- Field trip costs are included in our 5-day camp only. Field trip costs for campers enrolled in less than our 5-day program are not eligible for financial assistance.
- There is no child care on Thursdays if your child will not be attending field trips.
- All financial assistance information is handled in a confidential manner and will only be reviewed by the responsible YMCA staff.
- As a nonprofit organization, we are committed to serve people in our community regardless of their income level, but we expect participants to pay a fee based on their financial ability. Upon verification of application information, financial assistance may be awarded.
- Refer questions to Pattie Ladley at 215.723.3569 or pattiel@northpennymca.org.

Applicant: Name _____ Date of Birth _____ Sex (M/F) _____

Address (Street/Apt #) _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ E-mail _____

Employer _____ Work Phone _____

Are you a full time student? _____ Yes _____ No If yes, where _____

Relationship Status: _____ Married _____ Single _____ Separated/Divorced _____ Widowed

Adult Co-Applicant: Name _____ Date of Birth _____ Sex (M/F) _____

Employer _____ Work Phone _____

Are you a full time student? _____ Yes _____ No If yes, where _____

Relationship Status: _____ Married _____ Single _____ Separated/Divorced _____ Widowed

I am applying for assistance with:

Membership: Youth Young Adult Adult Single Parent (not married) with dependents
Family (2 Adults with dependents) 65+

Programs: Camp Pre-school, Kindergarten, Before & After School Care

List all people living in the household: (use additional sheet as required - see last page)

NAME	RELATIONSHIP	BIRTHDATE	SEX (M/F)	PRIMARY & SECONDARY HEALTH INS.

GROSS INCOME INFORMATION

Please itemize your gross household income. Documentation is required. Use additional sheet as required.

		Your Income	Additional Income	Additional Income
Last 4 paychecks (wages, salaries, tips, commission)	\$			
Monthly child support	\$			
Allimony	\$			
Unemployment Compensation	\$			
Housing Assistance	\$			
Social Security and/or Disability Compensation	\$			
Pension/ Retirement/IRA/Veterans Funds	\$			
Welfare	\$			
SNAP	\$			
Aid to Dependent Children (TANF)	\$			
LIHEAP	\$			
Other (Please Explain)	\$			

Current Year form 1040 \$ _____ Gross Income (Household)

I do not file a federal tax return based on federal government income guidelines

I verify that all the information submitted is correct, complete, and accurate. If my situation changes, I agree to notify the YMCA within 30 days. If I submit false or inaccurate information, do not make required payments, or fail to notify the YMCA of changes within 30 days, I may be terminated from all YMCA privileges.

Applicant _____ Date _____

Applicant _____ Date _____

**Child you want to attend our Pre-School, Kindergarten, and Before & After School Care Program
(Complete one form for each child)**

Child's Name: _____ Gender: _____ Date of Birth: _____ Grade (Fall 2017) _____

INDIAN VALLEY FAMILY YMCA

<p>LIVE Y'ers SCHOOL PROGRAMS Please select the program you wish to receive assistance for: AM Only PM Only Both AM/PM 5-Day 4-Day 3-Day 2-Day</p> <p>Please select the days your child will need care: (Must be 2, 3, 4, or 5 days) Mon Tues Wed Thurs Fri</p> <p>Please select the school your child attends: Skiypack Schwenksville</p>	<p>KIDS KARE PROGRAMS Please select the program you wish to receive assistance for: AM Only PM Only Both AM/PM 5-Day 4-Day 3-Day 2-Day</p> <p>Please select the days your child will need care: (Must be 2, 3, 4, or 5 days) Mon Tues Wed Thurs Fri</p> <p>Please select the school your child attends: EMC Franconia Oak Ridge Salford Hills Vernfield West Broad St IV Middle School</p>
<p>HUGS DAY CARE 6 weeks to 5 years Please indicate the days your child will need care: (Must be 2, 3, 4, or 5 days) 5-Day 4-Day 3-Day 2-Day Age of Child _____ Mon Tues Wed Thurs Fri</p>	

LANSDALE AREA FAMILY YMCA

<p>2-DAY PROGRAM (TUES/THURS) Nursery Rhyme Tyme (2 yrs) Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs)</p>	<p>3-DAY PROGRAM (MON/WED/FRI) Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs) 2 1/2 hours 4 hours Kiddie Korner Pre-K (4 yrs) AM - Mon/Wed/Fri 9 am-1 pm</p>	<p>5-DAY PROGRAM (MON/WED/FRI) Little Learners (2 1/2 yrs) Kiddie Korner Jr (3 yrs) 4 hours Kiddie Korner Pre-K (4 yrs) 4 hours 6 hours</p>
<p>KINDERGARTEN ENRICHMENT PROGRAM Basic Kindergarten Enrichment AM (9 am-12:30 pm) Basic Kindergarten Enrichment PM (12-3:30 pm) Extended AM Kindergarten Enrichment (6:30 am-12 pm) Extended PM Kindergarten Enrichment (12-6 pm) Extended Plus (AM/PM) Kindergarten Enrichment (6:30 am-6 pm)</p>	<p>SCHOOL'S OUT PROGRAM Please select the program you wish to receive assistance for: AM Only PM Only Both AM/PM</p>	

HARLEYSVILLE EARLY CHILDHOOD CENTER

<p>2-DAY PROGRAM Mon/Wed (2 yrs) Tues/Thurs (2 yrs) Tues/Thurs (3 yrs) Tues/Thurs Pre-Kindergarten (4, 5 yrs)</p>	<p>3-DAY PROGRAM Mon/Wed/Fri (3 1/2-4 yrs) Tues/Thurs/Fri (3, 4 yrs) Pre-Kindergarten (4, 5 yrs) AM - Mon/Wed/Fri 9-11:30 am AM & PM - Mon/Wed/Fri 9 am-2:15 pm</p>	<p>5-DAY PROGRAM (MON/WED/FRI) Pre-Kindergarten (4, 5 yrs) 9 am-2:15 pm EXTENDED HOURS _____ Number of Days per week _____ Number of Hours per week</p>
<p>KINDERGARTEN ENRICHMENT PROGRAM Please select the days your child will need care: (Must be 2, 3, 4, or 5 days) Mon Tues Wed Thurs Fri</p>		<p>Please select the program you wish to receive assistance for: 5-Day 4-Day 3-Day 2-Day YMCA Kindergarten Only Kindergarten with AM Care Kindergarten with PM Care Kindergarten with AM & Care</p>

**Child you want to attend Summer Camp
(Complete one form for each child)**

Child's Name: _____ Gender: _____ Date of Birth: _____ Grade (Fall 2017) _____

INDIAN VALLEY FAMILY YMCA Summer Camp

FULL DAY 9 am-4 pm	EXTENDED DAY 7 am-6 pm	Please select the weeks your child will attend:		
Please select the location of the camp:		Week 1	Week 2	Week 3
Teen Camp	Souderton Park	Week 4	Week 5	Week 6
Scout Cabin	Skippack Elementary School	Week 7	Week 8	Week 9
Please select the days your child will need care: (Must be 3, 4, or 5 days)		Week 10	Week 11	
Mon	Tues	Wed	Thurs	Fri

LANSDALE AREA FAMILY YMCA Summer Camp

DAY CAMP	KINDER CAMP	Please select the weeks your child will attend:		
Half Day 9 am-2 pm		Week 1	Week 2	Week 3
Full Day 9 am-4 pm		Week 4	Week 5	Week 6
Extended Day 6:30 am-6 pm		Week 7	Week 8	Week 9
		Week 10	Week 11*	
*(Kids Club - \$40 per day additional fee)				

HARLEYSVILLE PRESCHOOL Summer Camp

5-DAY CAMP 9 am-1 pm					
Week 1	Week 2	Week 3	Week 4		
3-DAY CAMP 9 am-1 pm					
Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Week 7	Week 8	Week 9	Week 10	Week 11	