




Dear Applicant,

Thank you for considering membership with the Hatboro Area YMCA. All financial assistance applications and required paperwork must be complete in order to be reviewed. Please print legibly.

How to apply for Financial Assistance (Checklist)

Each box must be completed or paperwork cannot be accepted.

Completed (and signed) Financial Assistance Application form (FRONT & BACK).

A copy of the MOST RECENT Federal Income Tax Return (1040) for EACH ADULT living in the home, listing DEPENDENT CHILDREN living in the home. See Example 

Completed (and signed) YMCA Enrollment Form (front & back).
*Only those names listed on your 1040.

A copy of:
a. The two (2) most recent pay stubs for each adult living in the home.
OR
b. Unemployment award letter.
OR
c. Copies of award letters for Supplemental Security Income (SSI), county assistance, foundations, government aid or any other third-party support if applicable.

A letter detailing the current financial situation and any extenuating circumstances of which we should be made aware; including but not limited to: how your family will benefit from financial assistance, your federal income tax return (1040) is from a previous year, your employment situation has changed, you cannot provide a federal income tax return (1040), etc.

*If you cannot provide a recent income tax return (1040) then attach All W-2's, for each adult living in the home, to your written explanation.

Summer Day Camp:

a. I am NOT applying for summer day camp.

b. I am applying for summer camp. I completed a Camper Registration Form for each child. (Place a check in the box indicating which camp & camp weeks I am requesting.)

Submit above applicable paperwork and all supporting documentation to the Welcome Center.

Notes:

- * FA recipients may sign up each child for one land and one aquatic program per session at the Hatboro Y only.
- * The YMCA cannot make copies of your personal documents so please be sure that your paperwork is complete.
- * Be sure to ask for your receipt of delivery.

Financial Assistance (FA) Information

- * FA is granted on the basis of financial need (Federal Tax Form 1040)
- * Individuals are expected to pay their portion to the YMCA through monthly bank or credit card draft.
- * The YMCA reserves the right to suspend all services for lack of payment or for falsification of information.
- * The YMCA reserves the right to terminate or to refuse assistance to applicants.
- * FA for programs may be limited by program, duration or percent depending on available resources within various branches.
- * Some YMCA activities are not covered under FA. (Some examples include: birthday parties, special events, One-on-one services like Personal Training, Private Lessons, etc.)
- * When 3rd party assistance is already received, this will be considered when awarding additional FA. Hatboro Area YMCA does not accept Child Care Information Services (CCIS).
- * Once FA is awarded, applicant must enroll within two weeks of the award date. (For camp, a deposit for each week of camp is required.)
- * FA requires verification of income every two years.
- * A reminder letter will be sent 60 days prior to your anniversary date. To avoid termination, new FA paperwork must be submitted 30 days prior to your anniversary date.
***Note:** Camp must be approved every year.



Application for Open Doors – 25% Discount Financial Assistance – Greater than 25%

Applicant Information

Name _____
 Address _____
 City, State, Zip _____
 Home Phone _____
 Birth Date _____
 Email _____
 Employer/Work Phone _____
 Medicaid Insurance Plan _____

Type of Assistance Applying for:
 Open Doors (complete this side only)
 For adults earning <\$40,000
 For families earning <\$80,000
 Financial Assistance (complete BOTH sides)
Assistance requested for:
 Membership Childcare/day camp
 Instructional program Other _____
 (Keystone First or Health Partners)

Co-Applicant Information

Co-Applicant Name _____
 Employer _____
 Work Phone _____
 Birth Date _____

Not applicable, no other adult
resides in this household

Family Information

Dependent's Name	Age	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Important Other Information (Please Attach)

How will participation benefit the individual(s), you or your family? _____

Would you be willing to volunteer? ___ Yes ___ No

Signatures

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application. I understand that I must bring documentation every two years to qualify for the Financial/Assistance Rate.

Applicant Signature _____ Date _____
 Co-Applicant Signature _____

Office Use Only: Date Received _____ Verify 1040 _____ Total AGI \$ _____

Staff signature _____ Supervisor Signature _____



Financial Assistance Application

Financial Information

Please check the box or boxes that represent the type of monthly income you receive. The following documentation is required: A copy of your Federal Tax Form (1040), W-2's if the tax form is not available and two recent paychecks for each applicant.

Income (check those that apply)	Monthly Amount (to be filled in by YMCA staff)
<input type="checkbox"/> Wages/Salaries/Tips	\$ _____
<input type="checkbox"/> Unemployment Comp	\$ _____
<input type="checkbox"/> Social Security Income	\$ _____
<input type="checkbox"/> Child Support/Alimony Received	\$ _____
<input type="checkbox"/> Aid to Dependent Children	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Other: _____	\$ _____
Total Income	\$ _____

*Licensed Programs may require CCIS application: Child Care, Day Camp, and Nursery School.

Signatures

I certify that all of the above information and the supporting documents are true and complete to the best of my knowledge. I understand that I may lose all YMCA privileges for lack of payment or falsifying information in connection with this application.

Applicant Signature _____ Date _____

Co-Applicant Signature _____ Date _____

Office Use Only:

Date Received _____ % Awarded _____ % Due _____ Expires _____

Included Activities _____



PHILADELPHIA FREEDOM VALLEY YMCA

Application for Membership

Date _____
Staff Initial _____

The YMCA is a membership organization open to all. Everyone is welcome to apply regardless of race, religion, age, gender, sexual orientation, national origin, economic level or disability. If you can't afford the full cost of membership, Financial Assistance is available to the extent possible. Please ask for a confidential Financial Assistance application. Participants needing other accommodations should contact their local YMCA.

MEMBERSHIP TYPE

Choose Membership Type: Full Privilege Member Youth Program Member Insurance Member
Choose Membership Category: Youth Teen Adult Single Parent Family Family Family + 1 Senior

PRIMARY MEMBER (Parent or guardian for applicants under 18 years of age)

First Name <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Other	MI	Last Name	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
Home Address	Apt	City	State	Zip Code
Primary Phone	Secondary Phone			

Primary Email	Secondary Email	Insurance Carrier	Policy #
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Employer Name	Business Address	Business Phone
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Ethnicity Caucasian / White African American / Black Hispanic Asian American Native American / Pacific Islander Other

Have you been a YMCA Member before? Yes No

Are you interested in Volunteering? Yes No

Emergency Contact First Name	Last Name	Phone Number	Relation to Primary Member
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SECONDARY ADULT

First Name	MI	Last Name	Relationship to Primary Member
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Primary Phone	Secondary Phone	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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Primary Email	Secondary Email	Business Phone
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Employer Name	Business Address	Business Phone
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THIRD ADULT (Family +1)

First Name	MI	Last Name	Relationship to Primary Member
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Primary Phone	Secondary Phone	Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F
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DEPENDENTS & APPLICANTS (18 YEARS OF AGE AND UNDER AS WELL AS COLLEGE STUDENTS 25 YEARS AND UNDER WITH 12 CREDITS)

First Name	MI	Last Name	Date of Birth	Gender
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F
				<input type="checkbox"/> M <input type="checkbox"/> F

What is your preferred method of receiving communications from the Y?
 Printed material at branch Mailed material
 Website Text
 E-mail None

Please check the box that represents your approximate annual household income:
 Below \$20,999 \$71,000-\$125,999
 \$21,000-\$40,999 \$126,000-\$150,999
 \$41,000-\$70,999 \$151,000+

What areas are you interested in participating in at the Y?
 Aquatics Group Exercise Summer Day Camp
 Child Care Resident Camp Teen Activities
 Family Recreation Senior Programs Youth Programs
 Fitness Sports
 Strength Training Personal Training
 Weight Loss Health & Wellness Lectures
 Diabetes Prevention Diabetes Management
 Other: _____

What would you like to volunteer for the Y? If so, please specify your area(s) of interest.
 Coaching Special Events Programs
 Fundraising Mentoring

I want to help underprivileged youth and families in my community participate in Y programs. I authorize the Y to add the following amount to my monthly bank draft to support the Philadelphia Freedom Valley YMCA Annual campaign:
 \$5 \$10
 \$15 \$25
 Other: _____
 Or one time donation of: _____

Authorizing Signature: _____
 Does your employer offer a matching gift program? Yes No

INFORMED CONSENT/LIABILITY WAIVER AGREEMENT

I/We, the undersigned, realize that there may be medical risks associated with physical exercise, the use of this facility, or use of equipment within the facility. I/We also recognize that the YMCA cannot evaluate my/our physical abilities and medical limitations as they pertain to participation in programs, to the use of the facilities, or use of equipment within the facility. I/WE THEREFORE ASSUME ALL RESPONSIBILITY FOR HAVING A THOROUGH MEDICAL EXAMINATION PERFORMED, BY A MEDICAL PRACTITIONER OF MY/OUR CHOICE, BEFORE PARTICIPATING IN ANY PROGRAMS AND PRIOR TO USING THE FACILITIES OR EQUIPMENT WITHIN THE FACILITIES. I/WE ALSO ASSUME ALL RESPONSIBILITY FOR ABIDING BY THE RECOMMENDATIONS OF SAID MEDICAL PRACTITIONER, INCLUDING BUT NOT LIMITED TO, AS THEY PERTAIN TO LIMITATIONS ON EXERCISE, PARTICIPATING IN YMCA PROGRAMS AND USE OF YMCA FACILITIES OR EQUIPMENT WITHIN YMCA FACILITIES.

Furthermore, in consideration of my/our participation in the activities of the Philadelphia Freedom Valley YMCA I/We do hereby agree to hold free from any and all liability the Philadelphia Freedom Valley YMCA and its respective officers, employees and members, including but not limited to its or their own negligence, and do hereby for myself/ourselves, heirs, executors and administrators, waive, release and forever discharge any and all rights and claims for damages which I/We may have or which may hereafter accrue to me arising out of or connected with my participation in any of the activities of the Philadelphia Freedom Valley YMCA, use of its facilities, or use of equipment within its facilities; provided, however, that the hold harmless agreement, and waiver, release and discharge contained in this paragraph shall not apply to my/our participation in any of YMCA's child care services.

I, the undersigned, have read, understand and agree to the above.

Signature of applicant

Date

PHOTO RELEASE:

I consent to the taking and use of still photography and/or motion pictures of me or my family for use of magazines, television, newspapers, etc. and to the non-commercial use of such photographs or motion pictures. I understand that the Philadelphia Freedom Valley YMCA has no control over and is not responsible for the content in such publications and broadcasts.

I hereby waive payment or royalties for the exhibition or showing of photographs or motion pictures and/or the use of information provided by me. The YMCA will post signs when professional photographers or TV crews are on site so members have the option to avoid their images being utilized.

Initial

Date

TERMS AND CONDITIONS

I agree to abide by the rules and regulation of the YMCA, which are designed for the enjoyment of all its members. The protection of members and guests who are utilizing the YMCA is of paramount concern to the Philadelphia Freedom Valley YMCA. Therefore, we reserve the right to deny access or membership to any person whose behavior is judged to be in conflict with the welfare and safety of other members and/or staff; or who is a registered sexual offender; has pled guilty to or been convicted of any crime involving sexual abuse; or a crime against persons such as child, spousal or parental abuse or any offense relating to the sale or transportation of illegal, habit forming or dangerous drugs; is presently clearly under the influence of intoxicating beverages or behavior modifying drugs. Parents will be held responsible for the behavior of their children. The YMCA is a weapons and smoke-free environment.

Initial

Date

Notes

Notes section with horizontal lines for writing.

PHILADELPHIA FREEDOM VALLEY YMCA - Hatboro Area Branch
Summer Day Camp 2017 - Camper Registration Form

Child's Name: _____ Sex M/F Age _____ Birthdate ____/____/____ Grade _____ (fall '17)
 Street Address: _____ City _____ State _____ Zip _____
 Phone Number: _____ Email: _____
 Shirt Size (circle one) CS CM CL AS AM AL AXL Member #: _____
 Allergies _____

- *Please place an "X" in the box for the particular camp weeks that you would like to register your child.
- *The shaded areas are the weeks that the camp is NOT offered.
- *A \$25 non-refundable deposit per week is due to secure your child's spot on the roster.
- *Deposits will be applied to camp fees.
- *All campers must have an active YMCA Full Privilege or Program Membership from registration through the camp Season
- *Please note - camp weeks are subject to change

CODE FOR BELOW FEES: FP=Full Privilege Member Prog.=Program Member

Traditional Camps	Ages	Camp Time	Fee	Wk 1	Wk 2	Wk 3	Wk 4	Wk 5	Wk 6	Wk 7	Wk 8	Wk 9	Wk 10	Wk 11	Wk 12
				6/12- 6/16	6/19- 6/23	6/26- 6/30	7/3 - 7/7	7/10 - 7/14	7/17 7/21	7/24 7/28	7/31 8/4	8/7 8/11	8/14 8/18	8/21 8/25	8/28 9/1
				Camp Small Feet *	3-5	9:00am-4:00pm	FP \$240 / Prog. \$270								
Camp Pioneers	6-7	9:00am-4:00pm	FP \$240 / Prog. \$270												
Camp Explorers	8-9	9:00am-4:00pm	FP \$240 / Prog. \$270												
Camp Pathfinders	10-12	9:00am-4:00pm	FP \$240 / Prog. \$270												
Trailblazers	12-14	9:00am-4:00pm	FP \$240 / Prog. \$270												
Leaders in Training	14-16	9:00am-4:00pm	FP \$140 / Prog. \$160												
Specialty Camps															
Art Camp	6-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Archery Camp	8-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Brain Buster & Science Camp	7-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Cake Design Camp	6-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Cheerleading Camp	6-9	9:00am-4:00pm	FP \$260 / Prog. \$285												
CSI Camp	8-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Dance Camp	6-10	9:00am-4:00pm	FP \$260 / Prog. \$285												
Fitness Frenzy Camp	9-13	9:00am-4:00pm	FP \$260 / Prog. \$285												
Fishing and Hiking Camp	9-13	9:00am-4:00pm	FP \$260 / Prog. \$285												
Fun Week	6-12	9:00am-4:00pm	FP \$240 / Prog. \$270												
Future Broadway Stars Camp	6-9	9:00am-4:00pm	FP \$260 / Prog. \$285												
Gymnastics Camp	6-14	9:00am-4:00pm	FP \$270 / Prog. \$325												
Preschool Gymnastic 1/2 Day Camp*	3-5	9:00am-12:00pm	FP \$105 / Prog. \$130												
1/2 Gymnastics Day Camp*	6-9	9:00am-12:00pm	FP \$105 / Prog. \$130												
Master Chef Camp	6-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Nature & Photography Camp	8-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Sewing and Textiles Camp	9-13	9:00am-4:00pm	FP \$260 / Prog. \$285												
Sports	9-12	9:00am-4:00pm	FP \$240 / Prog. \$270												
Sports Jr.	6-8	9:00am-4:00pm	FP \$240 / Prog. \$270												
Teen Theater Camp	11-16	9:00am-4:00pm	FP \$260 / Prog. \$285												
Theater Camp	8-12	9:00am-4:00pm	FP \$260 / Prog. \$285												
Trip Adventure Camp	8-16	9:00am-4:00pm	FP \$345 / Prog. \$400												
Sports Travel Camp	6-12	9:00am-4:00pm	FP \$345 / Prog. \$400												
Trip Camp	8-16	9:00am-4:00pm	FP \$345 / Prog. \$400												

Extended care is included in camp fee.
Before Care 7:00 AM - 9:00 AM After Care 4:00 PM - 6:00 PM

*Extended care is not available

Please Check One

I would like more information about the EFT payment option.
 I am aware of the EFT payment option but do not want it at this time.

* Camp will be closed Tuesday, July 4, 2017. Camp fees will be prorated for the week.