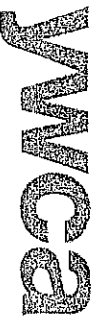


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Greater Pittsburgh

## 2022 Summer Day Camp

### Homewood-Brushton Center Application

Participant's Name: \_\_\_\_\_ Sex: M or F Age \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Tel.: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Parent Email Address(es) \_\_\_\_\_  
Doctor's Name: \_\_\_\_\_ Hospital/Clinic: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

#### Medical Record:

Is your child able to go to the bathroom independently? Yes or No

Does your child suffer from allergies or any known medical problems? Yes or No  
If yes selected, please list allergies etc: \_\_\_\_\_

Recent injuries or illnesses? Yes or No \_\_\_\_\_

Is your child under any medical treatment? Yes or No If yes, please specify: \_\_\_\_\_

Does your child have any physical or emotional conditions? Yes or No \_\_\_\_\_

Does your child have any fears (i.e. storms, water, etc.) \_\_\_\_\_

What are your child's major interests and attitude toward going to camp? \_\_\_\_\_

Has your child ever attended the Homewood-Brushton YWCA Camp? Yes or No **YEAR** \_\_\_\_\_

\*\*\* Children who are not able to go to the bathroom independently will not be able to attend.

**The following are due WITH your completed application:**

~ **FOR NEWLY ENROLLED CHILDREN: \$37.00 camp registration fee**

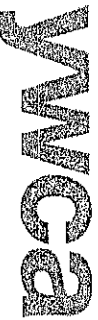
~ **ALL CHILDREN: There is a \$11.10 activity fee (to cover field trips and camp supplies).**

#### Consent/Authorization Statement

I authorize the Homewood-Brushton Early Learning, Child Development and Education Programs to seek immediate medical attention for my child in the event of accident or injury. This consent shall automatically expire upon the termination of the participant's enrollment in the 2022 YWCA Summer Day Camp Program.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Summer Day Camp Agreement

**2022 Summer  
Day Camp**

NAME OF CHILD	
WEEKLY TUITION FEE AMOUNT:	DAY PAYMENT TO BE MADE:
\$215.00	Monday morning of every week. NO EXCEPTIONS

Services to be provided as part of the day care fee (examples; transportation, care, meals, etc.) are as follows:

- > Quality Care
- > Social, educational, emotional and physical development.
- > Meals (breakfast, lunch, and p.m. snack)
- > Activities and field trips

Child's Arrival Time	Child's Departure Time	Person(s) Designated By Parent Whom Child May Be Released:
8:30 a.m.	5:30 p.m.	

<b>Late Fee</b>	
\$2.00 Per Minute After 5:30 p.m.	

Extra services to be provided at an additional fee if applicable: \* Subsidy payments are accepted as full payment.

Subsidy:  CCIS  CAO  CYF  Other: \_\_\_\_\_

Camp hours 8:30 a.m. – 5:30 p.m.
----------------------------------

<b>AM Extended Hours *** SPACE IS LIMITED ***</b>
NOTE: Additional fees will apply <input type="checkbox"/> I do not need <input type="checkbox"/> Yes, I need 7:30 – 8:30 AM

NEWLY ENROLLED CHILDREN: <b>\$37.00 Registration Fee</b> (due at time of enrollment)
ALL CHILDREN: <b>\$110.00 Activity Fee</b> (due at time of enrollment)

**NOTE: Camp fees / tuition are both non-refundable.**

- Parent/Guardian please check all boxes that apply:**
- I have received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)
  - I agree to update the emergency contact/parental consent form information whichever changes occur or every 6 months at a minimum (§ 3270.124, 3280.124, 3290.124)

Signature - Parent/Guardian	Signature - Operator
-----------------------------	----------------------

Admission Date: _____	<b>PERIODIC REVIEW</b>
Withdrawal Date: _____	

Signature Parent/Guardian _____	DATE _____
---------------------------------	------------

**Emergency Contact/Parental Consent/Enrollment Agreement**

<b>Child's Information</b>			
Child's name	Nickname?	Birthdate	
Child's home address	City	State	Zip
MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	Primary language?	Check box if foster child <input type="checkbox"/>
<b>Family Information</b>			
Parent/guardian/sponsor	Relationship to child	Home phone	Cell phone
Home address <i>if different from above</i>			
Employer	Employer Address		
Work Phone			
Other parent/guardian/sponsor	Relationship to child	Home phone	Cell phone
Home address <i>if different from above</i>			
Employer	Employer Address		
Work Phone			
<b>Child Emergency Contact and Person(s) to whom child may be released information (do not include parents/guardians/sponsors)</b>			
<i>Please notify the center if an Emergency Release Contact will pick up your child on a given day.</i>			
<i>[For the safety of your child, we request that all authorized pick up persons with whom staff is not familiar provide a photo ID at the time of pick up.]</i>			
Person #1	Relationship to child	Telephone number when child is in care	
Home address	City	State	Zip
Person #2	Relationship to child	Telephone number when child is in care	
Home address	City	State	Zip
Person #3	Relationship to child	Telephone number when child is in care	
Home address	City	State	Zip
Primary physician's name/Primary physician's practice name			
Physician's practice address		City	State
Preferred hospital/clinic for emergency care		City	State
Child's health insurance provider name		City	State
Special Disabilities (if any)		Policy number (REQUIRED)	
Allergies (Including Medication Reaction)			
Medical or Dietary information necessary in an emergency situation		Medication Special Conditions	
<b>PARENTS SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		TRANSPORTATION BY THE FACILITY	

SIGNATURE OF PRIMARY PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

\*\*\*6 Month Review\*\*\*

SIGNATURE OF PRIMARY PARENT OR GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

Child Name \_\_\_\_\_

**Additional Medical Policies**

1. Prior to enrollment, I must provide the center with updated medical and immunization information for my child. This information is to be kept current and updated in accordance with state child care regulations. Initial \_\_\_\_\_
2. I agree to provide information to the child care center about my child's conditions, illnesses, allergies or other needs. \_\_\_\_\_
3. If my child becomes ill with a reportable contagious disease, I understand that he/she will not be able to return until I bring in a physician's note stating that he/she is no longer contagious. \_\_\_\_\_
4. If my child becomes ill during his/her time at the child care center, the staff will contact me to pick up my child. I will arrange for pick up as soon as possible and no later than 2 hours after being contacted. If I cannot be reached, the staff will contact those listed in the *Child Emergency Contact and Release*. \_\_\_\_\_

**Emergency Medical Authorization & Consent**

In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release*, and lastly my physician. Initial \_\_\_\_\_

In case of a medical emergency, I agree that my child may receive first aid and/or CPR. \_\_\_\_\_

In case of a medical emergency, I permit the transportation of my child to a local hospital or other urgent care facility, if necessary by paramedics or other emergency personnel. \_\_\_\_\_

In case of a medical emergency, I will be responsible for the emergency medical expenses. \_\_\_\_\_

In case of an accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center. \_\_\_\_\_

I give my permission to this center to apply  sunscreen and  insect repellent to my child. Please check which product you will permit. Initial \_\_\_\_\_

I understand that I must supply my own sunscreen and/or insect repellent with a valid expiration date, and it will be labeled with my child's name. \_\_\_\_\_

I have special instructions for the application process.  None  \_\_\_\_\_

**Private Employment Acknowledgement and Release**

Any arrangement/employment between me and staff of this center (i.e., babysitting), outside of the programs and services offered by this center, is an individual endeavor and private matter not connected or sanctioned by this center. This center shall remain harmless from any such arrangement. Initial \_\_\_\_\_

**Handbook Acknowledgement**

I understand and agree that it is my responsibility to read and familiarize myself with policies and procedures outlined in the Family Handbook and agree to abide by them. Initial \_\_\_\_\_

I understand that it is my responsibility to go directly to management with any questions I may have regarding the policies and procedures and information contained in this Enrollment Agreement. \_\_\_\_\_

Information contained in the **Family Handbook** may be subject to change. \_\_\_\_\_

**Contract Approval**

I certify that I have read, understand, and accept all of the terms and conditions described in this *Enrollment Agreement* and the *Family Handbook*.

Primary Parent/Guardian/Sponsor Signature \_\_\_\_\_ Date \_\_\_\_\_ Center Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

### MULTIMEDIA PERSONAL/PUBLICITY RELEASE

I give permission to YWCA Greater Pittsburgh, ("YWCA"), its affiliates and their successors and assigns (collectively the "YWCA"), the right, but not the obligation, to use, edit, dub and/or otherwise change, audio and/or video record, publish and re-publish, in whole or in part, without restriction as to changes or alterations, in any media (e.g., newspapers, magazines, other print media, radio, television, the Internet and social media sites, and via any other means) now known or hereinafter developed, for any promotional, advertising, fundraising or commercial purposes, my name, biographical information (specifically excluding any treatment records), photograph(s), voice and/or image (collectively, "My Likeness").

This Release constitutes the entire understanding between me and the YWCA with respect to the subject matter hereof and cannot be amended or revoked except in writing signed by me and sent to YWCA Greater Pittsburgh, 305 Wood Street, Pittsburgh, PA 15222 Any such revocation will only apply prospectively to new uses of My Likeness.

I have read the above authorization and release prior to signing below, am fully familiar with the contents thereof, understand that no royalty or any other fee will be paid to me and agree that it shall be binding upon me and my heirs and assigns. I understand that the YWCA has been induced to proceed with the use of My Likeness in reliance upon this Release.

I hereby release the YWCA from any liability whatsoever which may involve the use and/or publicizing of My Likeness.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print CHILD'S Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

[IF PERSON IS UNDER 18:] I represent that I am a parent (or legal guardian) of the minor who has signed the above Release and I hereby agree that we shall both be bound hereby.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

ACCEPTED BY: \_\_\_\_\_ By: \_\_\_\_\_

YWCA GREATER PITTSBURGH TITLE: \_\_\_\_\_

Child Name \_\_\_\_\_

## **Activity/Field Trip Release Agreement**

### **PLEASE READ AND SIGN BELOW**

1. I give my permission for my child to attend and participate in all activities and field trips associated with the YWCA Homewood-Brushton Child Care Center. I understand that my signature indicates permission.
2. I authorize the YWCA Homewood-Brushton Child Care Center staff to take my child to the closest medical facility in the event of a medical emergency. I understand that I am financially responsible for all incurred costs not covered by my health insurance.
3. I release the YWCA Homewood-Brushton Child Care Center staff from any liability of any lost or stolen property.

My signature indicates that I have read, understand, am willing to abide by all rules and regulations put forth in the Family Handbook. My signature also indicates that I am the parent/guardian of the child I have registered. I give my permission indicated in #1; I give my permissions as indicated in #2; and I agree to release YWCA staff from liability as indicated in #3.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Greater Pittsburgh

2022 Summer  
Day Camp

YWCA Homewood-Brushston Summer Day Camp Release

PLEASE READ AND SIGN BELOW:

1. I give my permission for my child to attend and participate in all activities and field trips associated with the YWCA Summer Day Camp. I understand that my signature indicates my permission.
2. I authorize the YWCA Summer Day Camp staff to take my child to the closest medical facility in the event of a medical emergency. I understand that I am financially responsible for all incurred costs not covered by my health insurance.
3. I release the YWCA Summer Day Camp staff from any liability of any lost or stolen personal property.
4. Children will only be dismissed to persons 16 years or older, who are identified by the parent on the Emergency Contact/Consent Form and have a valid driver's license or pictured I.D.
5. I grant YWCA Greater Pittsburgh the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of my child, or in which my child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any YWCA publication or on YWCA websites, without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my child's likeness appears, or the use to which it may be applied.

My signature indicates that I have read, I understand, and am willing to abide by the discipline policy and the rules and regulations. My signature also indicates that I am the parent/guardian of the child I have registered. I give my permission as indicated in #1 (above); I give my authorization as indicated in #2 (above); and I agree to release from liability as indicated in #3 (above).

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Greater Pittsburgh

2022 Summer  
Day Camp

**HOMewood-BRUSHTON  
EARLY LEARNING, CHILD DEVELOPMENT & EDUCATION PROGRAMS**  
Enrollment Account Information

Parent Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Place of Employment \_\_\_\_\_ Phone # (    ) \_\_\_\_\_

Business Address \_\_\_\_\_ City/St/Zip \_\_\_\_\_

**ASSISTANCE INFORMATION**

Are you receiving cash assistance?      Yes       No

Are you receiving food stamps?      Yes       No

Are you eligible for County Assistance childcare payments?      Yes       No

Have you proof of eligibility to receive childcare payments?      Yes       No

Caseworker's Name \_\_\_\_\_ District Office \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Number (412) \_\_\_\_\_ Case Number 02- \_\_\_\_\_

**EARLY LEARNING RESOURCE CENTER (ELRC)**

Are you eligible for ELRC subsidy?      Yes       No

Date of Application \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of Eligibility \_\_\_\_/\_\_\_\_/\_\_\_\_ Family Copay \$ \_\_\_\_\_

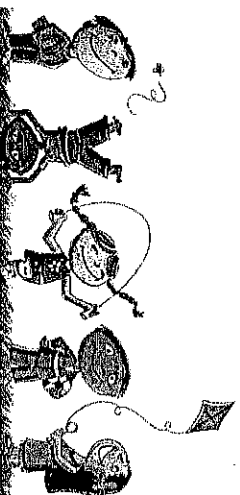
Eligibility Coordinator \_\_\_\_\_ Phone # (412) \_\_\_\_\_

District:      City \_\_\_\_\_ North/South \_\_\_\_\_

**OTHER**

Contact Name \_\_\_\_\_

Contact Number \_\_\_\_\_







Greater Pittsburgh

2022 Summer  
Day Camp

**CHILD HEALTH REPORT**  
(SEE PA CODE §§§2701.121, §§§2701.121 AND §§§2701.124)

Parent/Provider Fill in this part

CHILD'S NAME (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD'S CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child. PARENT'S SIGNATURE:		

**DO NOT OMIT ANY INFORMATION**  
This form may be updated by a health professional initial and date any new data. The child care facility needs a copy of this form.  
HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE IF ANY):  
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.  
 NONE

CHILD'S ALLERGIES (DESCRIBE IF ANY):  
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.  
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?  
 YES  NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY PROVIDED BY THE AMERICAN ACADEMY OF PEDIATRICS (SEE SCHEDULE AT WWW.AAAP.ORG)  
 YES  NO

**NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS CONDUCTED AND INFORMATION ABOUT REFERRAL, CONSULTATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY.**  
VISION (subjective until age 3)  
HEARING (subjective until age 4)  
LEAD

RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	COMMENTS
HEP-B					
ROTAVIRUS					
DTP/PERTD					
IPV					
PNEUMOCOCCAL					
POLIO					
MERLUBENZA					
MMR					
VARICELLA					
HEP-A					
HEPINOCCOCCAL					
OTHER					

MEDICAL CARE PROVIDER: \_\_\_\_\_ SIGNATURE OF PHYSICIAN, DND OR PHYSICIAN'S ASSISTANT

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ TITLE: \_\_\_\_\_

DATE FORM SIGNED: \_\_\_\_\_

Parents may write immunization data; health professionals should verify and complete all data.

**Child and Adult Care Food Program  
Child Enrollment Form**

**Enrollment Date:** \_\_\_\_\_

<b>Child</b>	_____	<b>Parent/Guardian</b>	_____
<b>Address</b>	_____	<b>Address</b>	_____
<b>Birth date</b>	_____	<b>Telephone (home)</b>	_____
		<b>(work)</b>	_____

<b>Sponsoring Organization</b>	YWCA Greater Pittsburgh	<b>Center/Home</b>	YWCA Homewood-Brushton Child Care
<b>Address</b>	6907 Frankstown Avenue Pittsburgh, PA 15208	<b>Address</b>	6907 Frankstown Avenue Pittsburgh, PA 15208

**Normal Hours of Care** (Please write in times for each day) \*

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Start:</b> _____	<b>Start:</b> _____	<b>Start:</b> _____	<b>Start:</b> _____	<b>Start:</b> _____		
<b>End:</b> _____	<b>End:</b> _____	<b>End:</b> _____	<b>End:</b> _____	<b>End:</b> _____		

\* If more than 8 hours of care per day, please attach an explanation to this form.

**Daily Expected Meal Service Participation** (Please check box)

Breakfast	AM Snack	Lunch	PM Snack	Supper	Eye Snack
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is this child of school age?  Yes  No    If yes, will additional meals be provided when school is not in session?  Yes  No    If yes, please specify the meal:  Breakfast  Lunch  Snack  Supper

**Parental Contacts:** This childcare facility participates in the Child and Adult Care Food Program. In order to receive federal funds, representatives of the sponsoring organization or the State Agency may contact you to verify your child's participation. Please indicate what time and method of contact you prefer:

_____ Day	_____ Evening	_____ Time
_____ Letter	_____ Telephone (home)	_____ Telephone (work)

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Center Administrator/Home Provider

"In accordance with Federal law and U. S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. (Not all prohibited bases apply to all programs)."  
" To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

**CHILD WITHDREW ON:** \_\_\_\_\_

**Child and Adult Care Food Program  
Child Care Center Meal Benefit Income Eligibility Form**

**Part 1. All Household Members**

Name of Enrolled Child(ren):	CHECK IF A FOSTER CHILD (THE LEGAL RESPONSIBILITY OF A WELFARE AGENCY OR COURT) * IF ALL CHILDREN LISTED BELOW ARE FOSTER CHILDREN, SKIP TO PART 5 TO SIGN THIS FORM.	CHECK IF NO INCOME
Names of all household members (First, Middle Initial, Last)	<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 [State SNAP], [FDPIR], or [State TANF 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 [Your center director, Homeless Liaison, Migrant Coordinator at Phone #] Homeless  Migrant  Runaway

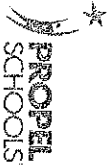
**Part 4. Total Household Gross Income—You must tell us how much and how often**

A. Name (List only household members with income) <i>(Example)</i> Jane Smith	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
\$200/weekly	\$150/twice a month	\$100/monthly	\$ / /
\$ / /	\$ / /	\$ / /	\$ / /
\$ / /	\$ / /	\$ / /	\$ / /
\$ / /	\$ / /	\$ / /	\$ / /
\$ / /	\$ / /	\$ / /	\$ / /

**Part 5. Signature and Last Four Digits of Social Security Number (Adult must sign)**  
An adult household member must sign this form. If Part 3 is completed, the adult signing the form must also list the last four digits of his or her Social Security Number or mark the "I do not have a Social Security Number" box. (See Privacy Act Statement on the back of this page.)

*I certify that all information on this form is true and that all income is reported. I understand that the center or day care home will get Federal funds based on the information I give. I understand that CACFP officials may verify the information. I understand that if I purposely give false information, the participant receiving meals may lose the meal benefits, and I may be prosecuted.*

Sign Here: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Last four digits of Social Security Number: \* \* \* - \* \* \*  I do not have a Social Security Number



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

Mark one ethnic identity: \_\_\_\_\_ Mark one or more racial identities: \_\_\_\_\_

Hispanic or Latino                       Asian                                       American Indian or Alaska Native  
 Not Hispanic or Latino                   White                                       Native Hawaiian or Other Pacific Islander  
 Black or African American

**Don't fill out this part. This is for official use only.**

Annual Income Conversion: Weekly x 52, Every 2 Weeks x 26, Twice A Month x 24, Monthly x 12

Total Income: \_\_\_\_\_ Per:  Week,  Every 2 Weeks,  Twice A Month,  Month,  Year      Household size: \_\_\_\_\_

Categorical Eligibility: \_\_\_\_\_ Eligibility: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Denied (Paid) \_\_\_\_\_ Date withdrawn: \_\_\_\_\_

Reason for Denied: \_\_\_\_\_

Temporary: Free \_\_\_\_\_ Reduced \_\_\_\_\_ Time Period: \_\_\_\_\_ (expires after \_\_\_\_\_ days)

Determining Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Confirming Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Follow-up Official's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The participant in the day care facility may qualify for free or reduced price meals if your household income falls within the limits on this chart.**

Household Size	Yearly (effective 7-1-21 to 6-30-22)
One	\$23,828
Two	\$32,227
Three	\$40,626
Four	\$49,025
Five	\$57,024
Six	\$65,823
Seven	\$74,222
Eight	\$82,621
For Each Additional Family Member	+\$8,399

**Privacy Act Statement:** The Richard B. Russell National School Lunch Act requires the information on this application. You do not have to give the information, but if you do not, we cannot approve the participant for free or reduced price meals. You must include the last four digits of the Social Security Number of the adult household member who signs the application. The Social Security Number is not required when you apply on behalf of a foster child or you list a Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) case number for the participant or other (FDPIR) identifier or when you indicate that the adult household member signing the application does not have a Social Security Number. We will use your information to determine if the participant is eligible for free or reduced price meals, and for administration and enforcement of the Program.

**Non-discrimination Statement:** In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410

Fax: (202) 690-7442  
Email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

**YWCA Homewood-Brushton Early Learning Programs, Development, and Education**

6907 Frankstown Avenue, Pittsburgh, PA 15208 ♦ Phone: (412) 361-6433 ♦ Fax: (412) 361-8601

**Getting to Know Your Questionnaire**

Dear Family,

We look forward to developing a partnership with your family in our program. You provided us with a lot of important medical and contact information during enrollment. We'd like to ask you a few more questions that will allow us to get to know you and your child a little better. Please let us know if you have special needs such as handicap access or translation services. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. Would you kindly take a few minutes to complete this questionnaire and bring it with you to your "Getting to Know You" meeting with your child's teacher?

With much appreciation,

*Cheryl Smith*

Cheryl Smith  
Director of Homewood-Brushton Early Learning Programs, Development, and Education

Name of Child \_\_\_\_\_ Child's Age \_\_\_\_\_

Enrollment Date \_\_\_\_\_ Meeting Date \_\_\_\_\_

1. Does your child have a nickname? Please provide it if you would like us to use it.
2. In what language do you and your child communicate at home?
3. Is there information about your family composition or household members that you would like to share?
4. What are some of your child's favorite things?
5. Are their cultural or religious holidays that your family observes that you would like to share with the program?

# \*\*\* YWCA Alert System \*\*\*

Dear Parents,

The YWCA Greater Pittsburgh has an alert system to notify you of school closings, delays, and other important information regarding the child care center. Please complete the following information to ensure we have your most current contact information on file.

**I would like to receive alert notices sent to my: (check ONE of the following) Please *PRINT***

- Cell Phone (text and voice message) \_\_\_\_\_
- Home Email \_\_\_\_\_
- Home Phone (voice message only) \_\_\_\_\_
- Work Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Child(ren) Name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_