



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# WELCOME TO ALL

**Membership For All, Child Care and Program Assistance Application**  
(funded through the Annual Campaign)

## THE ESSENCE OF THE Y

With a commitment to nurturing the potential of kids, promoting healthy living and fostering a sense of social responsibility, the YMCA of the Fox Cities ensures that every individual has access to the essentials needed to learn, grow and thrive.

## EVERYONE IS WELCOME

The YMCA welcomes all who wish to participate and believe that no one should be denied access to the Y based on their ability to pay. Through our **Financial Assistance Program**, the YMCA of the Fox Cities provides assistance to youth, adult and families based on individual needs and circumstances.

## COMMITTED TO OUR COMMUNITY

Determining assistance amounts is handled by YMCA branches in a fair and consistent manner. Every YMCA member receives the same membership benefits and program services, regardless of whether or not they receive assistance. YMCA members can feel confident knowing that they are part of an organization that cares greatly for the well-being of all people, and is committed to youth development, healthy living and social responsibility.

Membership and Program For All reduces fees; it does not eliminate them.

The YMCA requests that individuals and families reapply on an annual basis (Child care assistance recipients must reapply every 6 months); with updated documentation.

Membership and program fees are subject to change.

If you do not reapply at the time requested, your membership and assistance will expire. Please contact your branch if you have questions.



[ymcafoxcities.org](http://ymcafoxcities.org)

# Membership For All, Child Care and Program For All Assistance Information

## HOW TO APPLY

1. Return completed Application (page 3) and copies of proof of income to the YMCA location you will access most often. Applications for child care assistance should be returned to the Business Office at 229 E. College Ave., Appleton 54911, or to [childcare@ymcafoxcities.org](mailto:childcare@ymcafoxcities.org).
2. YMCA of the Fox Cities staff will determine your rate and establish your payment schedule, for membership and program, at the Member Services Desk. For child care, you will be contacted by a staff member via email within 7 days regarding the level of assistance.
3. Contact Apple Creek YMCA if you are seeking assistance for Camp Nan A Bo Sho.

## PAYMENT PLAN OPTIONS

Membership For All assistance is granted for 12 months\*. At the end of the 12 months you must re-apply. You may purchase your membership via:

- Annual payment
- Drafted monthly out of a checking, savings, debit or credit card
- In special circumstances, a 3-month installment plan can be offered

Child care assistance is granted for 6 months. To avoid a lapse in service, reapplication should occur before your current assistance expires.

- Child care payments are billed according to the normal billing schedule, regardless of assistance.

\*Length of membership and frequency of renewals may be altered based on individual situations.

## OTHER REMINDERS

- Please apply for your membership at the YMCA location that is most convenient to you.
- Proof of income is required for all adults in the household to determine your membership, child care and program fee rates (tax forms, W2's, pay stubs, self-employment income, etc.)
- A family/single parent family membership includes any dependent children up through the age of 25 who reside in the household.
- Your membership rate is good for a maximum of 12 months. After this you must re-apply and provide updated proof of income.
- Your child care rate, if applicable, is good for a maximum of 6 months. To avoid a lapse in service, reapplication should occur before your current assistance expires and updated proof of income is required.

## YMCA LOCATIONS

- Appleton YMCA • 218 E Lawrence St, Appleton WI 54911 • 920.739.6135
- Apple Creek YMCA • 2851 E Apple Creek Rd, Appleton WI 54913 • 920.733.9622
- Fox West YMCA • W6931 School Rd, Greenville, WI 54942 • 920.757.9820
- Heart of the Valley YMCA • 225 W Kennedy Ave, Kimberly WI 54136 • 920.830.5700
- Neenah-Menasha YMCA • 110 W North Water St, Neenah, WI 54956 • 920.729.9622

**Y Mission:** To put Christian principles into practice by promoting youth, adult, and family activities that build a healthy spirit, mind, and body for all.

MEMBER SERVICE STAFF:

Follow SOP M6

Accept only copies of proof of income

# Membership For All, Child Care and Program For All Application

Apply in 5 easy steps!

## 1 APPLICANT INFORMATION

Name \_\_\_\_\_ M / F

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone (     ) \_\_\_\_\_

Cell Phone (     ) \_\_\_\_\_

Email \_\_\_\_\_

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

Emergency Contact Phone (     ) \_\_\_\_\_

If an applicant is under 18: Parent/Guardian name \_\_\_\_\_

## 2 ALL PERSONS LIVING IN THE HOUSEHOLD

|              |     |     |
|--------------|-----|-----|
| Parent/Adult | DOB | M/F |
| Parent/Adult | DOB | M/F |
| Child        | DOB | M/F |
| Child        | DOB | M/F |
| Child        | DOB | M/F |
| Child        | DOB | M/F |
| Child        | DOB | M/F |
| Child        | DOB | M/F |
| Other        | DOB | M/F |
| Other        | DOB | M/F |

## 3 I AM APPLYING FOR

- YOUTH \_\_\_\_\_
- YOUNG ADULT \_\_\_\_\_
- ADULT \_\_\_\_\_
- SENIOR ADULT or FAMILY \_\_\_\_\_
- FAMILY \_\_\_\_\_
- FAMILY PLUS 1 or 2 \_\_\_\_\_
- SINGLE PARENT FAMILY \_\_\_\_\_
- PROGRAM \_\_\_\_\_
- CHILD CARE-Early Childhood and School Age, indicate program: \_\_\_\_\_

## 4 HOUSEHOLD MONTHLY INCOME

|  | Adult 1 | Adult 2 | Children/<br>Other | TOTAL<br>MONTHLY |
|--|---------|---------|--------------------|------------------|
| Total Gross Wages                          |         |         |                    |                  |
| Child Support                              |         |         |                    |                  |
| Social Security/<br>Disability             |         |         |                    |                  |
| Unemployment                               |         |         |                    |                  |
| Alimony                                    |         |         |                    |                  |
| Retirement                                 |         |         |                    |                  |
| Pension                                    |         |         |                    |                  |
| Monthly Value of<br>Food Stamps            |         |         |                    |                  |
| Child Care<br>Subsidy                      |         |         |                    |                  |
| Foster Care<br>Payments                    |         |         |                    |                  |
| Other Income or<br>Financial<br>Assistance |         |         |                    |                  |
| <b>Total Monthly<br/>Income</b>            |         |         |                    |                  |
| <b>Total Annual<br/>Income</b>             |         |         |                    |                  |

If you are applying for assistance with your membership, how much can you pay monthly for membership? \$ \_\_\_\_\_

## 5 TO QUALIFY, PROVIDE COPIES OF THE FOLLOWING DOCUMENTS

- 1040 Federal Tax Form(s) first two pages and schedule C, when applicable, or W2's for all incomes in household. **If you did not file taxes**, please provide form 4506-T from IRS stating you did not file.
- Documents showing most recent income (including pay stubs and documentation of government assistance and documentation of self-employment.
- Additional forms of income (if applicable) Social Security, pension, federal and state disability/SSI, VA disability, unemployment, food share, child support, etc.

**THIS APPLICATION MUST BE RENEWED EVERY 12 MONTHS FOR MEMBERSHIP AND EVERY 6 MONTHS FOR CHILD CARE.**

I certify that the above information is true and complete to the best of my knowledge, and that I do not have additional income not represented above. I agree, if necessary to send additional information and documentation to support the above statements. I understand that assistance is based on need. In the event that I or my children must cancel our participation, I will contact the Y immediately so assistance can be provided to others. I understand that if I falsify any of the above information, I will not be eligible for assistance now and/or in the future.

\_\_\_\_\_  
Signature of person completing this form

\_\_\_\_\_  
Date

## TELL US MORE...

Use this space to include any additional information or extenuating circumstances/expenses that were not included on this application. If you need more space, attach an additional sheet of paper.



# Membership For All Proposal

This page completed by Y staff.

Name \_\_\_\_\_ Member Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Appointment with \_\_\_\_\_ Date \_\_\_\_\_ Sold by \_\_\_\_\_

After reviewing your application we are able to offer a membership as proposed below:

Type \_\_\_\_\_ Number of months \_\_\_\_\_ Rate per month \$ \_\_\_\_\_ Total cost \$ \_\_\_\_\_

Payment method :

- Full payment upfront
- Membership dues to be draft on the (circle) **1<sup>st</sup>** or **15<sup>th</sup>** of each month beginning the month of \_\_\_\_\_ and ending the month of \_\_\_\_\_.  
 Bank draft  CC draft
- Pre-arranged installment plan \_\_\_\_\_

**This page is to accompany you when coming to Member Services with payment. This proposal is good for 60 days. After that time, you will need to complete new paperwork and possibly schedule another appointment.**

### Required paperwork verification

Applicant may not have all paperwork listed. Verify what they have and put NA by the paperwork that is not applicable. **STAFF MUST INITIAL**

Application will not be processed without proper paperwork.

- Copy of most recent federal tax return or taxes not filed letter for all adults
- Copy of two most recent payroll stubs or copy of unemployment check stubs for all adults
- Assistance-child support, food stamps, housing assistance, etc.
- Social Security income, pension, federal or state disability, VA disability, etc.
- Documentation of current self-employment income-1 month

Staff initials \_\_\_\_\_

Membership Type \_\_\_\_\_

Date Issued \_\_\_\_\_

Expiration Date \_\_\_\_\_

Value \$ \_\_\_\_\_ Dues paid \$ \_\_\_\_\_

Y \_\_\_\_\_% Mbr \_\_\_\_\_%

No. in family \_\_\_\_\_ Ages \_\_\_\_\_

New  Renewal

Special Agreements/Notes

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### TERMS & CONDITIONS:

1. As the term ends, it is your responsibility to reapply.
2. Use of all YMCA of the Fox Cities facilities.
3. It is your responsibility to notify us if your income changes by more than \$200 a month on average so that we can reevaluate your membership rate.
4. A maximum of 40% program assistance will be provided to each individual on the membership for most paid classes per session. Examples include swim lessons, growth & development classes, gymnastics, dance, etc.
5. In addition, a maximum of 40% program assistance will be provided on Kids Corner cards and hourly charges (but not Kids Corner bank drafting).  
**The following items are not included in the discount:**
  - Team Apparel/Costumes a participant will retain
  - Program materials a participant will retain
  - Kit Locker/Kids Corner draft
  - Private lessons or instruction
  - Personal Training
  - Resale items
  - Birthday parties
  - Meet fees (Gymnastics, Dance, Swim)
6. The following items are based on a sliding fee and only 40% maximum discount is allowed:
  - Swim Team, Gymnastics Team
  - Day Camps (Shioc, Adventure, Specialty)
  - Dance Academy/Inspire Dance /Studio Y Dance
  - Licensed Pre-School & Child Care Programs
  - Camp Nan A Bo Sho (Contact Apple Creek YMCA)