



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Membership For All, Child Care and Program Assistance Application

PAYMENT PLAN OPTIONS

You may purchase your membership via:

- Semi-annual or annual payment (In special circumstances, a 3-month installment plan can be offered).
- Drafted monthly out of a checking, savings, debit or credit card.
- Child care payments are billed according to the normal billing schedule, regardless of assistance.
- Program Fees are due at the time of registration.

TERMS AND CONDITIONS

- It is your responsibility to notify us if your income changes so that we can reevaluate your Membership For All rate.
- A maximum of 40% child care and program assistance will be provided to each individual on the membership, some exclusions apply. If you have extenuating circumstances, please list them in the Tell Us More section.
- The following items are **not** eligible for financial assistance:
 - Team Apparel/Costumes a participant will retain
 - Program materials a participant will retain
 - Kit Locker/Kids Corner draft
 - Private lessons or instruction
 - Resale items
 - Birthday parties
 - Meet fees (Gymnastics, Dance, Swim)
- Please apply for your membership at the YMCA location you will access most often, you will have access to all YMCA of the Fox Cities facilities.
- Proof of income is required for all adults in the household to determine your membership, child care and program assistance.
- A family/Adult + Children membership includes any dependent children up through the age of 29 who reside in the household.
- Your membership and program assistance is good for a maximum 6-12 months. After this you must re-apply and provide updated proof of income.
- If you are applying for assistance for a licensed child care site, you will need to apply to the County/Wisconsin Shares prior to applying for MFA through the Y.
- Your child care assistance, 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.
- To be eligible for child care assistance parents/guardians need to be employed or enrolled in school.
- Minimum usage of four (4) times per month is required for membership renewal per household.
- Membership rates are subject to change.

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.

TO BE CONSIDERED FOR MFA, PLEASE PROVIDE THE FOLLOWING

- A photo ID with your date of birth.
- Any income documentation such as:
 - 1040 Federal Tax Form(s)
 - Documents showing most recent income, for the past 30 days.
 - Documentation of additional forms of income (if applicable) Social Security, pension, retirement, federal and state disability/SSI, VA disability, unemployment, food share, child support, foster care payments, alimony/maintenance or any other income/assistance not listed.

*Income verification is required for any and all members of the household not listed as a dependent on your taxes.

***The YMCA reserves the right to deny assistance without proper documentation.**

APPLICANT INFORMATION

Name _____ M / F

Mailing Address _____

City _____ State _____ ZIP _____

Phone () _____ Date of Birth (DOB) _____

Email _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

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

ALL PERSONS LIVING IN THE HOUSEHOLD

Adult _____ DOB _____ M/F

Child _____ DOB _____ M/F

Does anyone else live in your household other than the people listed on the application? Yes No

I AM APPLYING FOR

- Membership
- Program _____
- Child Care-Early Childhood and School Age, indicate child care site:

COUNTY CHILD CARE ASSISTANCE INFORMATION (for licensed sites only)

To maximize your benefits, apply for county assistance first.

Have you applied for County Child Care Assistance? ___ Yes ___ No

Were you approved for County Child Care Assistance? ___ Yes ___ No

HOUSEHOLD MONTHLY INCOME

Do you or any members of your household receive any of the following:

Pay stubs from your current job: Yes No

Retirement or pension payments: Yes No

Federal or State SSI/Disability or widow's benefits: Yes No

Cash payments for work: Yes No

Unemployment benefits: Yes No

Alimony or child support payments: Yes No

Food share or housing assistance: Yes No

Adoption, Foster or Kinship Care Assistance: Yes No

Financial support from a friend or family member: Yes No

Proof of full-time student status: Yes No

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

TELL US MORE:

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