



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Financial Assistance Application ESCAPE to the Arts

2018-2019

Dear Applicant:

Thank you for your interest in the Regional YMCA's **ESCAPE to the Arts** program.

Please read through the attached material before you fill out the application.

The financial information requested must be included with your application.

Incomplete applications will not be reviewed until your financial documentation has been provided.

Once your application is complete, it will take approximately 30 days to be processed. You will be notified by mail of your application status.

Please note that due to high demand, we are limited to the number of scholarships we can award. We try to serve as many applicants as possible and review each application on a case-by-case basis.

If you have any questions, please do not hesitate to contact Bill McNamara at (203) 794-1413 ext. 101.

Thank you again for your interest in the YMCA's ESCAPE to the Arts program.

Sincerely,

Bill McNamara

Youth & Teen Director
Regional YMCA/ESCAPE to the Arts

293 Main Street, Danbury, Connecticut 06810
P (203) 794-1413 F (203) 207-5554
www.regionalyymca.org

Financial Assistance Application ESCAPE to the Arts

Financial Assistance Policy

YMCA membership and programs are open to everyone. When the costs of our services prevent an individual or family from participating, the YMCA will offer financial assistance, as funds are available to those who are eligible.

Eligibility

Financial assistance is provided to applicants who meet criteria established by the Regional YMCA of Western Connecticut. This includes family size, household income, expenses and extenuating circumstances.

Application Procedures

Individuals and families may apply for financial assistance at any time. Applications are available at the ESCAPE to the Arts front desk. Specific financial information is requested in the application and must be submitted before any fee assistance can be awarded. Once the application is received, the applicant will be notified of assistance within 30 days.

Confidentiality

All information submitted is considered confidential and will be seen only by staff administering the financial assistance policy. In no way will you or anyone receiving assistance be identified publicly.

Frequently Asked Questions about the YMCA ESCAPE to the Arts Financial Assistance Policy

Who is eligible?

The YMCA seeks to serve those individuals and families who would benefit from involvement in our programs or membership, but for various reasons are unable to pay for the services.

This includes:

- Deserving and needy youth to participate in ESCAPE to the Arts programs.
- Adults who are out of work or disabled, and their families.
- Youth and families referred by schools, churches and other agencies.

What programs are included?

Most YMCA ESCAPE to the Arts programs can be included in our financial assistance program. You must contact the appropriate director directly for information (the Front Desk Staff can assist you in directing you the correct person).

How much financial assistance will I get?

When determining what portion of your fees we will subsidize, we take into consideration your income, expenses, number of people in your family/household, and any special circumstances which affect your ability to pay. We ask that most people pay something.

Why do you require documentation of my income and expenses?

We want to be sure that our limited financial assistance dollars go to those who are genuinely in need. With the information you provide, we can award assistance in a fair and consistent manner.

How long does the assistance continue?

The period of coverage will be included on a letter you receive from us. It generally covers a period of 6 months to which a new application must be submitted.



FINANCIAL ASSISTANCE APPLICATION

Regional YMCA of Western Connecticut – ESCAPE to the Arts Branch

Applicant Applying for Assistance (adult):

Name: _____ D.O.B: _____ Race: _____
 Address: _____ Apt #: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Other: _____
 E-mail: _____

Employment Information:

Employer: _____ Phone: _____
 Address: _____ City: _____

Emergency Contact Information:

Name: _____ Phone: _____

Spouse Information:

Name: _____ D.O.B: _____ Race: _____
 Employer: _____

Dependent's Information:

Include all dependents including children and other adults in household.

Name: _____ M / F D.O.B: _____ Race: _____
 Name: _____ M / F D.O.B: _____ Race: _____
 Name: _____ M / F D.O.B: _____ Race: _____
 Name: _____ M / F D.O.B: _____ Race: _____
 Name: _____ M / F D.O.B: _____ Race: _____
 Name: _____ M / F D.O.B: _____ Race: _____

Name of person desiring a program:

Name: _____ Program: _____
 Name: _____ Program: _____
 Name: _____ Program: _____
 Name: _____ Program: _____

Monthly Financial Information

To determine your eligibility for financial assistance and the amount the YMCA will subsidize, please complete the following and include a copy of each of the following documents.

A copy of your financial documents **MUST** accompany the application for the review process.

- Federal Tax Return**
- Two most recent pay stubs**
- Verification of state or federal assistance (SSI, General Assistance, Food Stamps, etc.)**

Household Income Information

Income Notes

Total monthly wage of:

Applicant	\$	_____	_____
Spouse	\$	_____	_____
Child Care Subsidy	\$	_____	_____
Child Support	\$	_____	_____
State or Federal Aid	\$	_____	_____
Other Income / Source	\$	_____	_____
TOTAL	\$	_____	_____

Household Expenses Information

Income Notes

_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
_____	\$	_____	_____
TOTAL	\$	_____	_____

Amount you can pay for program? \$ _____

Please Read & Sign

The undersigned member hereby assumes and agrees that the Regional Y of Western Connecticut, Inc., its Officers, Directors, Employees, and Independent Contracting Staff (Regional YMCA) are not liable for, responsible for, and does not assume any liability, responsibility, or obligations for any and all claims, damages, obligations, injuries, accidental or otherwise, including actions or omissions by other persons, which may happen or occur upon the premises of the Regional Y prior to, during, while participating in, or subsequent to any Regional Y activity. The undersigned member acknowledges that the Regional Y does not carry an accident or health insurance policy on the member at any time. The Regional Y is not liable for loss or theft to property of the member.

The undersigned member hereby discharges, releases, and waives the Regional Y from any and all irresponsibility in connection therewith.

This Agreement by the undersigned member is for him/herself, him/her heirs, executors, administrators, successors and assigns, and for minor children which he/she may be guardian or conservator of.

Signature: _____ Date: _____

CHECKLIST:

- _____ Each section of this application MUST be completed
- _____ Attach 2017 Federal Tax Return
- _____ Attach two most recent pay stubs
- _____ Attach Verification of state or federal assistance (SSI, General Assistance, Food Stamps)
- _____ Attach Registration Form of program you are applying for

FOR OFFICE USE ONLY:

Date of award: _____

_____ **\$25 Registration Fee**

Financial Aid Award (% YMCA pays): _____ %

Tuition Rate \$_____/a day



**Regional YMCA of Western Connecticut
Escape to the Arts**

After School Program-Payment Policy
September 2018-June 2019

	\$
Name of Child	Tuition Per Day

Families are responsible for tuition as described above once the child is registered.

Tuition is charged on a monthly basis and is due **IN ADVANCE**. Payments must reach us by the close of business (6:00 pm) **5** days before the end of the month **PRECEDING** your child's attendance.

If your payment is not made 5 days before the end of the month of your child's attendance, your account will be considered behind and a late fee of \$5 per child, per week will be charged to your account.

Payments can be made with cash, check or credit card to the Administrative Assistant. Payments will first be applied to past due balances before being applied to current balances.

- Checks MUST be made payable to: **Regional YMCA of Western CT** (*not ESCAPE to the Arts*).
- Mastercard, Visa, American Express and Discover credit card payments are accepted.

*Families will be charged a **\$30 service charge** for checks returned to us due to insufficient funds.

All accounts must be kept at a zero balance. If at any time your account becomes 4 weeks behind, childcare services will be suspended. To return to the program, full payment for past due balances and tuition for upcoming week are due prior to your child's return to the program.

Changes to enrollment or withdrawal from the program must be given **in writing one week prior to changes**. For us to change your child's schedule, we ask that you first verify the availability of space with the administrative assistant or director and put it in writing. **TEMPORARY** schedule changes are subject to space availability (which **MUST** be confirmed with the office) and will be billed after the fact.

If there is no program, there is no charge. However, if your child is absent from the program, you are responsible for tuition payments *regardless of the reason* (including sickness, school suspension or program suspension).

All scholarship funds are awarded prior to the start of the program. If adjustments are needed to your payment amount, a request must be made in writing. Scholarship funds are not guaranteed and may be subject to change at any time. Changes in fees, policies, procedures and/or programs may be instituted any time the organization feels warranted.

FEES DUE UPON ENROLLMENT:

- A yearly non-refundable Registration Fee of \$25 is due at the time of registration.
- Payment for the first month of enrollment.

I understand the payment policy as outlined above.

Parent/Guardian Signature

Date



**Regional YMCA of Western Connecticut
ESCAPE to the Arts**

After School Program - Payment Policy
Septiembre 2018 - Junio 2019

	\$
Nombre del Niño (a)	Matricula por día

Las familias son responsables por la matricula como se menciona arriba tan pronto el niño(a) se registra.

La matrícula se carga sobre **una base mensual y se debe de antemano**. Los pagos deberán llegar a nosotros por el cierre de las operaciones (6:00 pm) 5 días antes del final del mes anterior a la asistencia de su hijo.

Si el pago no se realiza 5 días antes del final del mes de asistencia de su hijo, su cuenta será considerada por detrás y un cargo de \$ 5 por niño, por semana le será cargado a su cuenta .

Pagos se mandan al asistente administrativo y pueden ser hechos en efectivo, cheques o tarjeta de crédito. Pagos se aplicaran primero a saldos vencidos antes de ser aplicados al saldo actual.

- Cheques TIENEN que ser hechos a nombre de: **Regional YMCA of Western CT** (no Escape to the Arts)
- Se aceptan tarjetas de crédito de Mastercard, Visa, American Express y Discover.

Se le cobrará un cargo por **servicio de \$30** por familia si el cheque es devuelto por falta de fondos.

Todas las cuentas tienen que mantenerse con un balance de cero. Si en algún momento, su cuenta se atrasa por 4 semanas, los servicios de cuidado de niño(a) serán suspendido. Para regresar al programa, tendrá que pagar todo el balance atrasado y pagar por la semana siguiente antes que su hijo(a) vuelva al programa.

Cambios en la matricula o retiro del programa tienen que ser hechos **por escrito una semana antes del cambio**. Para que nosotros cambiemos el horario de su hijo(a), le pedimos que primero verifique si hay espacio con el asistente administrativo o director y póngalo por escrito. Cambios de horario TEMPORARIOS son hechos dependiendo de la disponibilidad de espacio (que TIENE que ser confirmado por la oficina) y una factura se le enviará después.

Si no hay programa, no se cobra. Sin embargo, si su hijo(a) falta al programa, usted es responsable por el pago independiente de la razón (ya sea por enfermedad, suspensión de la escuela o del programa).

Todas las becas serán dadas antes del inicio del programa. Si se necesita hacer algún ajuste a su pago, tiene que hacer una solicitud por escrito. Las becas no son garantizadas y pueden ser sujetos a cambio en cualquier momento. Cambios en costos, pólizas, procedimientos y/o programas pueden ser instituidas en cualquier momento la organización la desee.

Pagos que se necesitan al momento de la inscripción

- Un cargo de matricula anual de \$25 no re-reembolsable tiene que ser pagado el día de registraci3n
- Pago por la primera semana de inscripci3n.

Yo entiendo la p3liza de pago como se indica en este contrato.

Firma de Padre/Guardi3n