



YMCA OF GREATER SPRINGFIELD 2023 SUMMER PROGRAMS REGISTRATION FORM

Mail or drop off forms to any YMCA Family Center or email your forms to CampRegistrationForms@springfieldy.org Questions will be taken **BY PHONE ONLY Please call:** 413-739-6955 (Springfield) 413-596-2749 (Scantic) M-F 6am to 6pm

CHILD'S NAME/DATE OF BIRTH _____

1. Complete the registration form and include a copy of your child's immunization and physical forms. All forms must be submitted together, we will not accept partial registrations.
2. A \$50.00 deposit per session per camper is required at the time of registration.
3. All deposits are non-refundable and non-transferable.
4. Confirmation information will be sent once a deposit is received. Balances for each session are due 7 days prior to the start of each session.
5. All camp forms must be returned 15 days prior to the start of each session. Otherwise there is a 48 hour wait period from the time you submit completed forms to the time your child may start camp.
6. Automatic Withdrawals, via Bank Account or Credit Card, are mandatory for all camp session payments.

NOTE: Your child will NOT start camp without completing all above steps.

2023 CAMPER INFORMATION

Camp Attending _____
Child (Camper) First Name _____ Last Name _____
Street Address _____ Apt. No. _____ City _____
State _____ Zip _____ Home Phone _____ Cell _____
Date of Birth ____/____/____ Age: _____ Gender ID: ☐ M ☐ F ☐ O Grade entering in fall: _____
Please list any allergies that camper may have: _____

MOTHER (GUARDIAN 1)

Name _____ Date of Birth ____/____/____ Occupation _____
Work Phone: _____ Cell Phone: _____ Email: _____

FATHER (GUARDIAN 2)

Name _____ Date of Birth ____/____/____ Occupation _____
Work Phone: _____ Cell Phone: _____ Email: _____

Emergency Contact 1 (Person to contact and release my child to in case of emergency when parent cannot be reached)

Name _____ Work Phone: _____ Cell Phone: _____

Emergency Contact 2

Name _____ Work Phone: _____ Cell Phone: _____

Is your child a member of the YMCA of Greater Springfield ☐ YES ☐ NO Membership # _____ Expiration Date _____

PERMISSION SLIP

I hereby authorize that my child _____ is ready to experience an outdoor camp setting. I give permission for him/her to travel on the bus to camp/ or on the field trips. Permission is also granted for the camper to participate in all planned camp activities and programs, receive emergency medical attention (if parent/guardian is unavailable) and for the YMCA to take, have and use pictures as may be needed for public relations purposes. I hereby authorize the YMCA of Greater Springfield to release me child to the following additional persons (other than parents and emergency contacts):

1. _____
2. _____
3. _____

WAIVER OF LIABILITY

While it is the aim and the responsibility of the YMCA of Greater Springfield to provide your child with a safe and enjoyable experience, you must realize that participation in YMCA programs has some inherent risks. As a result we require the signing of the release set forth below. I hereby release for myself and my child, our heirs, executors and administrators, and forever discharge the YMCA of Greater Springfield, its agents, servants, representatives and employees for any injuries, loss, liability, damage or costs which my child may receive/incure as a result of participation in any program/activity/service conducted and/or provided by the YMCA of Greater Springfield

Date: _____ Sign: _____

\$15.00 FACILITY MAINTENANCE FEE

A one-time Facility Maintenance Fee of \$15.00 will be charged to each camper upon their initial registration. The fee will go the general up keep of the camp property, which in turns helps to keep program fees down.

PAYMENT

A \$50 non-refundable, non-transferable minimum deposit per camper is required per session. This deposit is applicable towards the balance.

Total amount of payment enclosed \$ _____

Office Use Only: Date Rec ____/____/____ Amt Pd\$ _____ Code _____ Staff Initials _____
Date Ent ____/____/____ Conf Mailed ____/____/____

CHILD’S NAME/DATE OF BIRTH_____

ALL PROGRAMS & CAMP RATES for 2023

BREAKFAST CLUB	PROGRAMS & CAMPS
Fees per session 6:00 – 7:30 am Member & Non-Member: \$50 <u>No Breakfast Club at Stony Brook Acres.</u>	Fees per session 7:30 am – 5:30 pm WEBER / FUN CITY STONY BROOK ACRES / SMALL FRY Member \$225 & Non-Member \$260 TEEN CAMP Member & Non-Member \$100

Camp Weber: There is a \$90 transportation fee for each child requiring transportation which is covered by scholarship.

CHOOSE YOUR LOCATION

- ☐ **CAMP WEBER**
AGES 6-12 YEARS
☐ *Breakfast Club*
- ☐ **TEEN CAMP**
WEBER / STONY BROOK ACRES
AGES 13-15 YEARS
☐ *Breakfast Club (Weber Only)*
- ☐ **STONY
BROOK ACRES**
AGES 6-12 YEARS
- ☐ **FUN CITY SUMMER
DAY PROGRAM**
AGES 6-12 YEARS * *Space is limited.*
☐ *Breakfast Club*
- ☐ **SMALL FRY SUMMER
DAY PROGRAM
at Tower Square**
AGE 5 * *Space is limited.*
(Entering Kindergarten in September)

CHOOSE YOUR SESSION

<input type="checkbox"/> Session 1 <i>June 26-June 30</i>	<input type="checkbox"/> Session 2 <i>July 3-July 7*</i>	<input type="checkbox"/> Session 3 <i>July 10-July 14</i>	<input type="checkbox"/> Session 4 <i>July 17-July 21</i>	<input type="checkbox"/> Session 5 <i>July 24-July 28</i>
<input type="checkbox"/> Session 6 <i>July 31-Aug 4</i>	<input type="checkbox"/> Session 7 <i>Aug 7-Aug 11</i>	<input type="checkbox"/> Session 8 <i>Aug 14-Aug 18</i>	<input type="checkbox"/> Session 9 <i>Aug 21-Aug 25*</i>	*No camp 7/4 *No camp 8/25

Bus routes are for camp weber campers only all other camps require drop off and pick up at their locations. Please allow 7 minutes before and 7 minutes after each route for road conditions, traffic or other circumstances. Positive I.D. is required for pick-up.

	AM PICK-UP	PM DROP-OFF
Route 1 Duggan Jr. High School (Bradley Rd. behind school) Mass Mutual Center (Clarence St. Employee lot entrance) Homer St. School (front of school) Rebecca Johnson School Dunbar (Corner of Oak St. & Union St.) Brookings School	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM <input type="checkbox"/> 8:15 AM <input type="checkbox"/> 8:25 AM <input type="checkbox"/> 8:35 AM	<input type="checkbox"/> 4:15 PM <input type="checkbox"/> 4:25 PM <input type="checkbox"/> 4:35 PM <input type="checkbox"/> 4:45 PM <input type="checkbox"/> 4:55 PM <input type="checkbox"/> 5:05 PM
Route 2 Robinson Gardens (Start of Robinson Dyer Cir., off Berkshire Ave.) Van Sickle Middle School (Carew St. in front of school) Zanetti School Bowles School (Front of school) Chicopee School Dept. (Broadway St.) Stefanik School (Meadow St., Back lot)	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM <input type="checkbox"/> 8:15 AM <input type="checkbox"/> 8:25 AM <input type="checkbox"/> 8:35 AM	<input type="checkbox"/> 4:15 PM <input type="checkbox"/> 4:25 PM <input type="checkbox"/> 4:35 PM <input type="checkbox"/> 4:40 PM <input type="checkbox"/> 4:50 PM <input type="checkbox"/> 5:00 PM
Route 3 Talmadge School Washington St. School (Washington St) Springfield Day Middle School Kensington St. School (front of school) Forest Park Middle School (Oakland St.) Marble St. Apts. (Dwight St. extension)	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM <input type="checkbox"/> 8:15 AM <input type="checkbox"/> 8:35 AM <input type="checkbox"/> 8:45 AM	<input type="checkbox"/> 4:15 PM <input type="checkbox"/> 4:25 PM <input type="checkbox"/> 4:35 PM <input type="checkbox"/> 4:25 PM <input type="checkbox"/> 4:35 PM <input type="checkbox"/> 4:45 PM
Route 4 Congress St. & Main St. (Take R onto Main St.) Main St. & Jefferson St. (Medina Market) Main St. & Dover St. Plainfield St. & Worcester Ave.. Plainfield St. & Clyde St.	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM <input type="checkbox"/> 8:15 AM <input type="checkbox"/> 8:25 AM	<input type="checkbox"/> 5:05 PM <input type="checkbox"/> 4:55 PM <input type="checkbox"/> 4:45 PM <input type="checkbox"/> 4:35 PM <input type="checkbox"/> 4:25 PM
Van 1 Duggan Projects (Goodwin St. & Layzon Brothers Rd.) Goodwin St. & Moxon St. Save A Lot Plaza, Main St. (Indian Orchard)	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM	<input type="checkbox"/> 4:30 PM <input type="checkbox"/> 4:40 PM <input type="checkbox"/> 4:50 PM
Van 2 Walsh & Wilbraham Rd. (Stop on Walsh) Freedman School Colonial Estates &North Branch Pkwy	<input type="checkbox"/> 7:45 AM <input type="checkbox"/> 7:55 AM <input type="checkbox"/> 8:05 AM	<input type="checkbox"/> 4:30 PM <input type="checkbox"/> 4:40 PM <input type="checkbox"/> 4:50 PM
Van 3 Rocky’s in Agawam	<input type="checkbox"/> 7:45 AM	<input type="checkbox"/> 4:30 PM
OPTION 5 I will drop off my child at camp I will pick up my child at camp	<input type="checkbox"/> 9:00 N/A	N/A <input type="checkbox"/> 4:00



FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVES
FOR SOCIAL RESPONSIBILITY

ELECTRONIC FUNDS TRANSFER (EFT)
RELEASE FORM

I give permission for the YMCA of Greater Springfield to automatically withdraw payments for my Child Care Services from the financial account listed below:

Child's Name: _____

Child's date of Birth: _____

Printed Name on Account: _____

Routing Number: _____

Account Number: _____

Account type (please circle) Checking Savings

Child Care payments are due the Friday prior to each new week.

By signing this agreement, you acknowledge that using a bank account may take up to three business days to post to your account. You acknowledge that weekly payments must be paid prior to services rendered. Terminations are subject to two-week notices in which you are responsible for payment.

***I understand and agree to the forms and policies stated above. I understand that if my EFT payment is returned, I will be subject to a \$15 return fee.**

Account Holder's Signature: _____

Date: _____

YMCA OF GREATER SPRINGFIELD
Association Offices
1500 Main Street, Springfield, MA 01115 - Suite 256
P: 413.739.6951 F: 413.747.6183

MAILING ADDRESS
PO Box 15329
Springfield, MA 01115-5329
WWW.SPRINGFIELDY.ORG



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

INSTRUCTIONS FOR COMPLETING THE CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

If any member of the household gets SNAP or TAFDC, follow these instructions:

Part 1: List all enrolled children and household members. For any person, including children, with no income, you must check the "No Income Box".

Part 2: List the case number for any household member receiving SNAP or TAFDC benefits.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Skip this part

Part 5: Sign the form. The last four digits of a Social Security Number are **not** necessary.

Part 6: Answer this question if you choose.

If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If all children you are applying for are foster children, or if you are only applying for benefits for the foster child:

Part 1: List all foster children. Check the box indicating that the child is a foster child.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Skip this part.

Part 5: Sign the form. A Social Security Number is **not** necessary.

Part 6: Answer this question if you choose to.

If some of the children in the household are foster children.

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.

Part 2: If the household does not have a case number, skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income for this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your pay stub or your boss can tell you.

Box 2: List the amount each person got for the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Report income after expenses in Box 1 only if self employed. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

ALL OTHER HOUSEHOLDS, including WIC households, follow these instructions:

Part 1: List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: If any child you are applying for is homeless, migrant, or a runaway check the appropriate box and call your Child Care Sponsor for further instructions. If not, skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

Column A – Name: List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.

Column B – Gross Income and How Often it was Received: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

Box 1: List the **gross income**, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your paystub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

Box 3: List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

Box 4: List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. Report income after expenses in Box 1 only if self employed. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

Part 5: Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Privacy Act Statement: This explains how we will use the information you give us.

Non-discrimination Statement: This explains what to do if you believe you have been treated unfairly.



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

Part 1. All Household Members

Name of Enrolled Child(ren):

Names of all household members
(First, Middle Initial, Last)

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

Part 2. Benefits: If any member of your household received SNAP or TAFDC 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 the Child Care Sponsor 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) (Example) 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	4. All Other Income
	\$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 4 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

CACFP Meal Benefit Income Eligibility
Child Care Form



CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)

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

Mark one ethnic identity:	Mark one or more racial identities:	
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native
<input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
	<input type="checkbox"/> 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 _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming 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.

Effective July 1, 2022 to June 30, 2023	
Household size	Yearly
1	25,142
2	33,874
3	42,606
4	51,338
5	60,070
6	68,802
7	77,534
8	86,266
Each additional person:	+8,732

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.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
program.intake@usda.gov

This institution is an equal opportunity provider



SHARING INFORMATION WITH MEDICAID/CHIP

Dear Parent/Guardian:

If your children qualify for free or reduced price meals, they may also be able to get low to no cost health insurance through Medicaid or the Children's Health Insurance Program (CHIP). Children with health insurance are more likely to get regular health care and are less likely to become sick.

Because health insurance is so important to children's well-being, **the law allows us to tell Medicaid and CHIP that your children are eligible for free or reduced price meals, unless you tell us not to.** Medicaid and CHIP only use the information to identify children who may be eligible for their programs. Program officials may contact you to offer to enroll your children in this health insurance program. Filling out the CACFP Meal Benefit Income Eligibility Forms does not automatically enroll your children in health insurance.

If you do not want us to share your information with Medicaid or CHIP, fill out the form below and send it with your Income Eligibility Form to [address] by [date]. (Sending in this form will not change whether your children get free or reduced price meals.).

☐ **No! I DO NOT** want information from my CACFP Meal Benefit Income Eligibility Form shared with Medicaid or the Children's Health Insurance Program.

If you checked no, fill out the form below.

Child's Name: _____

Child's Name: _____

Child's Name: _____

Child's Name: _____

Signature of Parent/Guardian: _____

Today's Date: _____

Print Your Name: _____

Address: _____

For more information, you may call [name] at [phone]