



# YMCA OF THE EAST BAY EARLY CHILDHOOD IMPACT (ECI) INFORMATION

Thank you for your interest in the YMCA of the East Bay Early Childhood Impact (ECI) programs. Our programs utilize a variety of funding sources, including federal and state, to provide the highest quality of care. Services are made possible through contracts from Head Start/Early Head Start (HS/EHS) and the California Department of Education (CDE), Early Education and Support Division (EESD). We serve families with the greatest needs first. We embrace diversity and welcome children of all abilities.

Attached, please find a Pre-Enrollment Application for ECI services. To ensure eligibility is appropriately determined, answer all questions to the best of your knowledge. Answers will be used to establish enrollment priority for our programs. Incomplete applications will delay the process. If you have questions or need help filling out the application, please contact us (information is located on the back of this letter)

We strive to ensure all families are given an equitable opportunity for enrollment. Due to limited space and funding, we are not able to offer enrollment to every child and family that is eligible. In the event your family is eligible for services and we do not have space, we will place your child on our waiting list.

## TO APPLY

1. Complete the attached Pre-enrollment application. Ensure each question is answered. Your answers will support us in determining services available to your family and will also establish your child's enrollment priority.
2. Submit the completed application to one of our offices or centers (information located on the back of this letter.)

## AFTER PRE-ENROLLMENT APPLICATION IS RECEIVED

Within two-weeks of receiving your application, the Y will notify you, in writing, whether or not you appear to be eligible for services. You may be asked to provide additional information to help us make this determination, or to establish your enrollment priority. This notice will be sent via email. If email information is not provided, notification will be sent via USPS mail. **Notification that pre-enrollment application has been received does NOT guarantee you a space in our program.**

## ONCE OPENINGS BECOME AVAILABLE

Once openings become available, we will contact eligible families in order of enrollment priority. Additional information and forms will be collected prior to child being enrolled. An enrollment and orientation meeting will take place before any child can be admitted.





# YMCA OF THE EAST BAY EARLY CHILDHOOD IMPACT (ECI) PROGRAM LOCATIONS

## ADMINISTRATIVE OFFICES

NAME	ADDRESS	CONTACT INFO Phone and Fax	EMAIL
<b>E M Downer Family YMCA</b>	263 South 20 <sup>th</sup> Street Richmond, CA 94804	P 510-412-5647 F 510-412-5650	<a href="mailto:enroll@ymcaeastbay.org">enroll@ymcaeastbay.org</a>
<b>West YMCA</b>	2009 10 <sup>th</sup> Street Berkeley, CA	P 510-848-9092 F 510-848-0103	<a href="mailto:enroll@ymcaeastbay.org">enroll@ymcaeastbay.org</a>

## CHILD DEVELOPMENT CENTERS

AREA	NAME	LOCATION	LICENSE Infant and Preschool	AGES SERVED	HOURS OF OPERATION
Berkeley, Emeryville	<b>Ocean View</b>	1422 San Pablo Avenue Berkeley	013420966 (I) 013411435 (P)	Birth to 5 years	7:30am-5:00pm
	<b>Ralph Hawley</b>	1275 61 <sup>st</sup> Street Emeryville	013420964 (I) 013420963 (P)	Birth to 5 years	7:30am-5:00pm
	<b>South YMCA</b>	2901 California Street Berkeley	013420965 (I) 010200607 (P)	Birth to 5 years	7:30am-5:00pm
	<b>West YMCA</b>	2009 10 <sup>th</sup> Street Berkeley	013420565 (I) 010206120 (P)	1 year to 5 years	7:30am-5:00pm
	<b>Vera Casey</b>	2246 MLK Jr Way Berkeley	013417825 (I)	Birth to 3 years	7:30am-4:30pm
Hayward, Oakland	<b>21<sup>st</sup> Street</b>	756 21 <sup>st</sup> Street Oakland	013419483 (I) 013419475 (P)	1 year to 5 years	7:00am-6:00pm
	<b>Eden</b>	951 Palisade Street Hayward	013412851 (I) 013419472 (P)	Birth to 5 years	7:00am-6:00pm
	<b>Foothill/Eastlake</b>	1612 45 <sup>th</sup> Avenue Oakland	Not applicable	Family Center	8:30am-4:30pm
Richmond, Rodeo, San Pablo	<b>8<sup>th</sup> Street</b>	445 8 <sup>th</sup> Street Richmond	073405003 (P)	Birth to 5 years	7:00am-5:00pm
	<b>Giant Road</b>	919 Lake Street San Pablo	073405655 (P)	3 years to 5 years	7:00am-5:30pm
	<b>Kathi Sanchez</b>	1250 23 <sup>rd</sup> Street #506 Richmond	073401572 (I)	Birth to 3 years	7:00am-4:00pm School Days only
	<b>Richmond</b>	485 Lucas Avenue Richmond	073405695 (I) 073404278 (P)	1 year to 5 years	7:00am-5:30pm
	<b>Rodeo</b>	200 Lake Avenue Rodeo	070212378 (P)	1 year 5 years	7:00am-6:00pm
Courtland, Winters, Woodland	<b>Courtland</b>	180 Primasing Courtland	343604577 (I) 343604573 (P)	Birth to 5 years	5:30am-5:30pm
	<b>Winters</b>	100 Myrtle Drive Winters	573601605 (P)	3 years to 5 years	5:30am-5:30pm
	<b>Woodland</b>	1285 Lemen Avenue Woodland	573601607 (P)	3 years to 5 years	6:30am-5:30pm



## PRE-ENROLLMENT APPLICATION FOR ECI SERVICES

**SECTION I: Complete information below for the child you would like to apply for services.**

<b>CHILD INFORMATION</b>	Child's First Name		Middle Name	Last Name	YMCA USE ONLY	
	Date of Birth	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Child's Primary Language?	Does child speak English? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/>
	Street Address		City	ZIP Code		<input type="checkbox"/>
	What race do you identify your child as? (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White/Caucasian		What ethnicity do you identify your child as? <input type="checkbox"/> Hispanic or Latino origin <input type="checkbox"/> Non-Hispanic or Non-Latino origin	Was child enrolled in a YMCA program during the last year? <input type="checkbox"/> No <input type="checkbox"/> Yes. Site..... Sibling enrolled in YMCA? <input type="checkbox"/> No <input type="checkbox"/> Yes. Child.....		<input type="checkbox"/>
	Type of care needed for this child? <input type="checkbox"/> Full day <input type="checkbox"/> Part day	What is desired schedule for care? Start Time..... End Time.....	Select area(s) interested in attending (check all that apply): <input type="checkbox"/> Berkeley/Emeryville <input type="checkbox"/> Richmond/San Pablo <input type="checkbox"/> Hayward <input type="checkbox"/> Rodeo <input type="checkbox"/> Oakland <input type="checkbox"/> Specific site.....			
	Is child related to YMCA of the East Bay employee? <input type="checkbox"/> No <input type="checkbox"/> Yes (complete below)					V P
Employee Name..... YMCA Site.....						

**SECTION II: Complete this information for the child listed above. This will assist us in meeting your child's needs.**

<b>CHILD HEALTH AND DEVELOPMENT INFORMATION</b>	Has child been DIAGNOSED by Health Care Provider with ANY of the conditions? (check all that apply) *				D O C
	<input type="checkbox"/> Respiratory (asthma, RSV, RSD) <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizures <input type="checkbox"/> Food Allergies (list)..... <input type="checkbox"/> Non-Food Allergies (list)..... <input type="checkbox"/> Other (list)..... <input type="checkbox"/> Child has NOT been DIAGNOSED with a medical condition				
	Does child have a special need? (check all that apply) *				D O C
	<input type="checkbox"/> Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP) <input type="checkbox"/> Diagnosed disability, list here..... <input type="checkbox"/> Child has no special needs				
	Do you have concerns about your child's development? (check all that apply)				R E S O U R C E
	<input type="checkbox"/> Speech/Talking (making sounds, delayed talking, hard to understand, difficulties understanding) <input type="checkbox"/> Fine Motor (grasping, drawing, writing, and/or dressing) <input type="checkbox"/> Behavior (hitting, biting, having tantrums, not cooperating, previously removed from a center) <input type="checkbox"/> Gross Motor (walking, climbing, lack of eye contact, loss of skills) <input type="checkbox"/> Other concerns, list here..... <input type="checkbox"/> No concerns about child's development				
Do you have any other concerns about your child's health? (check all that apply)				R E S O U R C E	
<input type="checkbox"/> Feeding and/or special diet <input type="checkbox"/> Hearing <input type="checkbox"/> Tooth Pain/Decay/Bleeding Gums <input type="checkbox"/> Vision <input type="checkbox"/> Mental Health <input type="checkbox"/> Drug/Alcohol Affected <input type="checkbox"/> Other Concerns, list here..... <input type="checkbox"/> No concerns about child's health					
What medical insurance does child have? <input type="checkbox"/> Med-Cal <input type="checkbox"/> Private <input type="checkbox"/> None Plan ID#.....				M E D	
Doctor Name.....		Phone Number.....			
Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No Plan ID # .....					
Dentist Name.....		Phone Number.....			

**SECTION III: Complete this information for each parent/guardian.  Check box if single**

PARENT/GUARDIAN A	Parent Name		PARENT/GUARDIAN B	Parent Name		
	Relationship to child	DOB		Relationship to child	DOB	
	Address (if different than child)			Address (if different than child)		
	Primary Phone ( )			Primary Phone ( )		
	Secondary Phone ( )			Secondary Phone ( )		
	Email			Email		
	Highest education level (check one)			Highest education level (check one)		
	<input type="checkbox"/> Less than high school graduate			<input type="checkbox"/> Less than high school graduate		
	<input type="checkbox"/> A high school graduate or GED			<input type="checkbox"/> A high school graduate or GED		
	<input type="checkbox"/> Associate degree, vocational school, some college			<input type="checkbox"/> Associate degree, vocational school, some college		
	<input type="checkbox"/> BA degree or an advance degree			<input type="checkbox"/> BA degree or an advance degree		
	Are you under 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you under 19 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Is parent any of the below? (check all that apply)			Is parent any of the below? (check all that apply)		
	Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No		Employed	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Seeking work	<input type="checkbox"/> Yes <input type="checkbox"/> No		Seeking work	<input type="checkbox"/> Yes <input type="checkbox"/> No	
In school or job training	<input type="checkbox"/> Yes <input type="checkbox"/> No	In school or job training	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Income Source	Amount?	Income Source	Amount?			
Wages (before taxes)	\$	Wages (before taxes)	\$			
Cash Aid/TANF	\$	Cash Aid/TANF	\$			
SSI/SSA	\$	SSI/SSA	\$			
Child support/alimony	\$	Child support/alimony	\$			
Unemployment	\$	Unemployment	\$			
Financial Aid	\$	Financial Aid	\$			
Other.....	\$	Other.....	\$			

**SECTION IV: Complete this section for your family. This will assist us in meeting your family's needs.**

FAMILY INFORMATION	List any additional household income not listed above \$..... Source.....					
	Does family receive Women, Infants and Children (WIC)? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Does family receive Food Stamps / Cal-Fresh? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Is your current address a temporary or unstable living arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No					
	Has your family been referred to services by any of the following? (check all that apply) *					
	<input type="checkbox"/> Child Protective Services (CPS)					
	<input type="checkbox"/> Department of Public Health					
	<input type="checkbox"/> Other (list).....					
	Has family experienced any of the following special circumstances (check all that apply)					
	<input type="checkbox"/> Domestic abuse or victim of violence		<input type="checkbox"/> Foster care			
<input type="checkbox"/> Incarcerated parent		<input type="checkbox"/> Other (list).....				
List <u>all</u> household members supported by parent(s) income (include adults and children) Attach pages if necessary.						
Name	Date of Birth	Relationship to Child	CDE	HS		
1.						
2.						
3.						
4.						
5.						
6.						
Are any of the household members pregnant? <input type="checkbox"/> No <input type="checkbox"/> Yes						

**SECTION V. Parent/Guardian Signature**

I declare information contained in this application is true and correct to the best of my knowledge. No false or misleading statements have been made. The acceptance of this application does NOT guarantee services or placement. Further, I authorize the YMCA to share information (this application, CDE file, immunization and physical reports) with HS/EHS partners to support enrollment into HS/EHS. X..... Date.....	YMCA	CDE	HS/EHS	Rec
	Size			Initial
	Income			Enroll
	Rank/#			Initial