

.....
Child #2 First & Last Name

.....
Date of Birth

Check week(s) that this camper wishes to attend

Grade in Fall 2020	Week 1 June 15-19	Week 2 June 22-26	Week 3 June 29- July 3	Week 4 July 6-10	Week 5 July 13-17	Week 6 July 20-24	Week 7 July 27-31	Week 8 Aug 3-7
Payment due	June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27
Voyager (grades K-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery (grades 2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorers (grades 4-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School Xtreme (grades 6-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....
Child #3 First & Last Name

.....
Date of Birth

Check week(s) that this camper wishes to attend

Grade in Fall 2020	Week 1 June 15-19	Week 2 June 22-26	Week 3 June 29- July 3	Week 4 July 6-10	Week 5 July 13-17	Week 6 July 20-24	Week 7 July 27-31	Week 8 Aug 3-7
Payment due	June 8	June 15	June 22	June 29	July 6	July 13	July 20	July 27
Voyager (grades K-1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discovery (grades 2-3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Explorers (grades 4-5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Middle School Xtreme (grades 6-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list all other children in the household and their ages.

.....
First & Last Name

.....
Age

.....
First & Last Name

.....
Age

.....
First & Last Name

.....
Age

INCOME & EXPENSES

Income: Total Household Monthly Income Before Taxes \$
(This includes your spouse's/partner's income and all assistance)

Expenses: Housing \$ Groceries \$ Medical \$
Utilities \$ Transportation \$ Child Care \$
Other \$

ACKNOWLEDGMENT

I understand that the completion of this application does not guarantee that I will receive Financial Assistance from the Downtown Berkeley YMCA. I certify that the above information is accurate and complete and I authorize the Downtown Berkeley YMCA to verify the above information.

.....
Signature of Parent/Guardian

.....
Date

Place completed application and supporting documents in the Financial Assistance Drop Box located by the Welcome Desk in the lobby of the Downtown Berkeley YMCA. **All supporting documents must be securely stapled behind your application, do not use paper clips or submit your documents in an envelope.**

WHAT TO EXPECT NEXT:

- Applications are reviewed by the Financial Assistance Committee.
- You will receive a letter of approval or denial by email.