

# 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 and attach supporting documentation. Attaching supporting documentation will help establish eligibility and 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. Attach supporting documentation, if available. Examples of supporting documentation:
  - -Proof of Income: paystubs, award letter

-Proof of Family Size: Birth Certs and IDs

-Proof of Address: utility bill, statements

- -Proof of any other statuses: homelessness,
- foster, CPS, IEP/IFSP, etc.
- 3. 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

application has been received does NOT guarantee you a space in our

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

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
E M Downer Family	263 South 20 <sup>th</sup> Street	P 510-412-5647	enroll@ymcaeastbay.org
YMCA	Richmond, CA 94804	F 510-412-5650	
West YMCA	2009 10 <sup>th</sup> Street	P 510-848-9092	enroll@ymcaeastbay.org
	Berkeley, CA	F 510-848-0103	

### **CHILD DEVELOPMENT CENTERS**

AREA	NAME	LOCATION	LICENSE Infant and Preschool	AGES SERVED	HOURS OF OPERATION
	Ocean View	1422 San Pablo Avenue	013420966 (I)	Birth to	7:30am-5:00pm
		Berkeley	013411435 (P)	5 years	
- 0	Ralph Hawley	1275 61st Street	013420964 (I)	Birth to	7:30am – 5:00pm
Berkeley, Emeryville		Emeryville	013420963 (P)	5 years	
Ş Ş	South YMCA	2901 California Street	013420965 (I)	Birth to	7:30am-5:00pm
er! ne		Berkeley	010200607 (P)	5 years	
ФЪ	West YMCA	2009 10 <sup>th</sup> Street	013420565 (I)	1 year to	7:30am-5:00pm
		Berkeley	010206120 (P)	5 years	
	Vera Casey	2246 MLK Jr Way	013417825 (I)	Birth to	7:30am-4:30pm
		Berkeley		3 years	
	21st Street	756 21 <sup>st</sup> Street	013419483 (I)	1 year to 5	7:00am-5:30pm
		Oakland	013419475 (P)	years	
g g	Eden	951 Palisade Street	013412851 (I)	Birth to	7:00am-5:30pm
var Iar		Hayward	013419472 (P)	5 years	
Hayward, Oakland	Eastlake	1612 45 <sup>th</sup> Avenue	013423039 (I)	Birth to	7:00am-5:30pm
≝ ○		Oakland	013423040 (P)	5 years	
	Foothill	5908 Foothill Blvd	Not applicable	Family Center	8:30am-4:30pm
		Oakland			
	8th Street	445 8 <sup>th</sup> Street	073405003 (P)	Birth to	7:00am-5:00pm
		Richmond		5 years	
nd S,	<b>Giant Road</b>	919 Lake Street	073405655 (P)	3 years to	7:00am-5:30pm
no dec Pal		San Pablo		5 years	
Richmond, Rodeo, San Pablo	Richmond	485 Lucas Avenue	073405695 (I)	1 year to	7:00am-5:30pm
Ric F Sa		Richmond	073404278 (P)	5 years	
	Rodeo	200 Lake Avenue	070212378 (P)	1 year 5 years	7:00am-5:30pm
		Rodeo			
	Courtland	180 Primasing	343604577 (I)	Birth to 5	5:30am-5:30pm
nd, s, nd		Courtland	343604573 (P)	years	
Courtland, Winters, Woodland	Winters	100 Myrtle Drive	573601605 (P)	3 years to	5:30am-5:30pm
Firit oc		Winters		5 years	
၂၀⊱≶	Woodland	1285 Lemen Avenue	573601607 (P)	3 years to 5	6:30am-5:30pm
		Woodland		years	



# YMCA OF THE EAST BAY EARLY CHILDHOOD IMPACT (ECI) PRE-ENROLLMENT APPLICATION FOR ECI SERVICES

# **Applicant & Family Member Information**

\* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant		, , , ,		· •	·									
First		Middle	Last				Suf	ffix	Birtho	day (mont	h/day/ye	ear)	Gender	
					l	D (			2.1			0.1		5 (1)
Race ☐ American	Indian/A	Jooka Mativa	Hispa		English  Non		ciency	(	Other Lan	guage	9?	Other ☐ No		ge Proficiency
☐ Asian ☐ American Indian/Alaska N☐ Black ☐ White		Naska Native	aska Native		Little							☐ Litt		
☐ Multi-Racial ☐ Hawaiian/F	Pacific Is	slander		,	☐ Moderate							derate		
					☐ Proficient							oficient		
Primary Health Insurance Other		r Coverage		Insurance #		Medi-Cal Eli			Medi-Cal				tor/Medical Home and	
					- 1					Ph		Phone	Number	
					片	I Not E	Eligible 1edi-Cal							
						l Potei								
Dental Coverage		Dental Cove	rage #	#			,	ntis	t/Dental F	lome	and Phor	ne Numb	ber	
Does the child have a special ne	and? (Ch	neck all that ar	anly)											
☐ Individualized Family Service				ed Education	Plan (II	FP)								
☐ Diagnosed disability (list here		or y or marvia	idalize	oa Eadodiion	1 1011 (11	_' /	)							
☐ Child has no special needs							,							
Was the child enrolled in a YMC	A progra	am during the	last y	ear?		Does	the child ha	ve a	a sibling e	nrolle	ed in the Y	'MCA?		
□ No □ Yes. Site:							) [	] Ye	es. Sibling	nam	e:			
Primary Adult														
First	M	liddle	La	ast				Sı	uffix	Rirtho	day (mont	h/day/ye	ear)	Gender
THOC	101	iiddio						0.	ATTIX	Direire	ady (mont	ii/day/yc	Jul)	Condo
Race			Hisp		English		ciency	C	Other Lang	guage				Proficiency
Asian   American In	dian/Ala	aska Native			□ Non							□ None		
□ Black □ White □ Multi-Racial □ Hawaiian/Pa	ocific Isla	ander		0	☐ Little						☐ Little ☐ Moderate			
Inditi-itacial     Individually   a	acinc isia	ander			□ Prof							☐ Profi		
Highest Grade Completed		Em	ployr	nent Status			Child's Relat	ions	ship		Custody	Check	all that	apply:
☐ Less than High School Diplom	na 🗆	I Full Time	1	☐ Full Time 8	& Trainir	na	☐ Biologica	al/Ad	dopted/St	ер	☐ Yes		es with F	
☐ High School Graduate		Part Time		☐ Part Time	& Traini	ing	☐ Grandch	ild			□ No			nancial Support
□ GED		l Seasonal		☐ Training or			☐ Other Re	elati	ve			□Те	en Pare	nt <19 years old
<ul><li>☐ Some college/advanced traini</li><li>☐ Associate's</li></ul>		Unemployed	& L	☐ Retired or Dis		d								
☐ Associate's	56	eeking work												
☐ Advanced Degree														
Email Address:														
						I				l		_I		
Secondary or Other Adu	alt													
First		Middle		Last				S	Suffix	Birtho	day (mont	h/day/ye	ear)	Gender
D			1.12		En all'ali	- D('	-1	Oil		0		1	0111	
Race			Hisp	anic	English	1 Profil	ciency	Otn	er Langu	age?			Other La Proficier	
☐ Asian ☐ American I	ndian/A	laska Native	□ Ye	es	□ Non	e							□ None	ю
□ Black □ White			□ N		☐ Little								☐ Little	
□ Multi-Racial □ Hawaiian/P	Pacific Is	slander			□ Mod								□ Mode	
		_	<u> </u>		□ Prof	icient					1-		☐ Profic	
Highest Grade Completed			mplo	yment Status			Child's Rela				Custody	С		that apply:
☐ Less than High School Diplom	na	☐ Full Time ☐ Part Time		☐ Full Time			☐ Biologica ☐ Grandch	al/A	.dopted/S	tep	☐ Yes ☐ No			s with Family
<ul><li>☐ High School Graduate</li><li>☐ GED</li></ul>		☐ Seasonal		<ul><li>□ Part Time</li><li>□ Training of</li></ul>			☐ Other R		ive		LI INO		Support	ides Financial
☐ Some college or advanced tra	ainina	□ Unemploye	ed	☐ Retired or				Jial						Parent <19
□ Associate's	J	& seeking wo											years old	
☐ Bachelor's														
☐ Advanced Degree							4							
Email Address:														

### **Additional Household Members**

Additional F	lousehold N	lember						
First		Middle	Last		Suffix	Birthday (month/day	/year)	Gender
Race			Hispanic	English Proficiency	Other I	anguage		Other Language Proficiency
☐ Asian	□ American I	ndian/Alaska Nativ		☐ None	0	aguage		□ None
□ Black	□ White		□ No	□ Little				□ Little
☐ Multi-Racial		acific Islander	_ 110	☐ Moderate				☐ Moderate
- Maitri Madian				☐ Proficient				☐ Proficient
Polotionahin to	ahild:		I					
Relationship to	Crina.							
Additional F	lousehold N		<u> </u>		0 ("	D: 41 / 41 / 1	/ \	
First		Middle	Last		Suffix	Birthday (month/day	/year)	Gender
Race			Hispanic	English Proficiency	Other L			nguage Proficiency
☐ Asian		ndian/Alaska Nativ	-	□ None			□ None	
☐ Black	□ White		□ No	☐ Little			☐ Little	
☐ Multi-Racial	☐ Hawaiian/F	acific Islander		☐ Moderate			☐ Moder	
				□ Proficient			☐ Profici	ent
Relationship to	child:							
Additional <b>F</b>	lousehold N	lember						
First		Middle	Last		Suffix	Birthday (month/day	/year)	Gender
Race			Hispanic	English Proficiency	Other I	anguage (	Other La	nguage Proficiency
☐ Asian	□ American Ir	ndian/Alaska Nativ		□ None	Other L	<u> </u>	□ None	rigaage i Tonoichey
☐ Black	□ White	idiaii// lidona i tali v	□ No	□ Little			☐ Little	
☐ Multi-Racial	☐ Hawaiian/P	acific Islander		☐ Moderate			□ Moder	ate
_ main radia	_ navanan,			☐ Proficient			⊒ Profici	
Relationship to cl	hild:							
relationship to ci	iliu.							
Additional F	lousehold N		1 1		0(0	Disthalou (or eath /do.	(	lo-n-to-
First		Middle	Last		Suffix	Birthday (month/day	/year)	Gender
Race			Hispanic	English Proficiency	Other L	anguage (	Other La	nguage Proficiency
☐ Asian	☐ American I	ndian/Alaska Nativ	/e □ Yes	☐ None			□ None	
□ Black	□ White		□ No	☐ Little			☐ Little	
□ Multi-Racial	☐ Hawaiian/F	acific Islander		□ Moderate			☐ Moder	ate
				□ Proficient		1	☐ Profici	ent
Relationship to	child:		<u> </u>	•				
Additional H	lousehold N	lember						
First	lousellolu iv	Middle	Last		Suffix	Birthday (month/day	/vear)	Gender
						, , , , , , , , , , , , , , , , , , , ,	, ,	
Race			Hispanic	English Proficiency	Other I	l anguage (	Other La	l nguage Proficiency
☐ Asian	□ American I	ndian/Alaska Nativ		□ None	Other L		J None	ngaago i ronololloy
□ Black	□ White		□ No	Little			☐ Little	
☐ Multi-Racial		acific Islander	, ,	☐ Moderate			□ Moder	rate
- Ividiti-Itacial	□ HawaliaH/F	aomo isiandei		☐ Proficient			⊒ Profici	
Relationship to	child:		1			-		
Neiationship to	Gillu.							

<sup>\*</sup>Please use a separate sheet for additional household members

Eamily Live	ormation											
	ing Addr				Ta		la.a	O.I.		0	1	
Started Livir	ng At Da	ite Living Ad	dress		Apartment #		ZIP	City		State	9	County
Family Mail	ling Add	dress					·					
Same as livi	ring? Ma	ailing Address	}		Apartmen	t #	ZIP	City		State		County
□ Yes □	l No											
Phone Num	nber(s)			(check one)			Name of Contac	t		(	Opt In	for Text Messages
( )			□ Ce	∥ □ Home □	□ Work □ Otl	her					□ Yes	s □ No
( )			□ Се	∥ □ Home □	□ Work □ Ot	her					□ Yes	s □ No
( )			□ Се	∥ □ Home □	□ Work □ Ot	her					□ Yes	s □ No
Parental St (check or		Primary La at Hor		Homeless Family	Active Duty Military	Militar Vetera		y Receiv SNA		WIC		WIC ID (if applicable)
☐ One Pare				□ Yes □ No	□ Yes □ No	☐ Yes	□ 162	□ Ye		☐ Yes ☐ No		
Has your far any of the fo circumstance	ollowing:	erienced special	On Parole/In Foster care	use or victim of carcerated pare			referred to any of the	family been services by following? that apply)		artment of		vices (CPS) c Health
	(	ш	Disabled par Other (list) _				_					
that apply)	,		Other (list) _	of income you	ı are receivin	g)		,				
that apply)	,	ease include	Other (list) _	of income you	ı are receivin	g)			ng SSI (Se	ocial Secu	ırity In	come)
that apply) Family Inco	,	ease include	Other (list)	of income you						ocial Secu		come)
that apply) Family Inco	ome (Ple	ease include Receiving	Other (list)	of income you ANF Status	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI, o, Child Support,	Receivii	s			
Family Inco	ome (Ple	ease include Receiving	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco	ome (Pla	ease include Receiving  No Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco	1 Yes	ease include Receiving  No Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco	ome (Pla	ease include Receiving  No Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco	ome (Ple	ease include Receiving  No Amount  \$ \$	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco Family Inco Family Member	ome (Please)  1 Yes  y er  Dn Pre	Receiving Amount  \$  \$  \$  case include Receiving Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI,	Receivii	s			No
Family Inco Family Inco Family Member	ome (Please)  1 Yes  y er  Dn Pre	Receiving Amount  \$  \$  \$  case include Receiving Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI, o, Child Support	Receivii	s			No
Family Inco Family Inco Family Member	ome (Plant)  1 Yes  y er  Dn Pre ereference	Receiving Amount  \$  \$  \$  case include Receiving Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI, o, Child Support	Receivii	s			No
Family Inco Family Inco Family Member	ome (Please of Please on Presented in St.)	Receiving Amount  \$  \$  \$  case include Receiving Amount	Other (list)	of income you ANF Status  Formerly or een does this ar	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI, o, Child Support	Receivii	s			No
Family Inco Family	ome (Please of Please of Presented in Standard	Receiving  No  Amount  \$  \$  \$  Ference of the Priority	Other (list)	of income you ANF Status  Formerly or en does this ar ekly? bimonthly	n TANF/Not no	ow I Ince	ome Descriptior r example: SSI, o, Child Support	Receivii	s			No
Family Inco Family Inco Family Member  Locatio Locatio	ome (Please of Please of Presented in Standard	Receiving  No  Amount  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$	Other (list)	of income you ANF Status  Formerly or en does this ar ekly? bimonthly	n TANF/Not no mount get paid /? monthly?)	ow I Ince	ome Descriptior r example: SSI, o, Child Support	Receivii  Ye  Verificat  me	s			No

Certification: 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.

Parent/Guardian Signature		Date		
---------------------------	--	------	--	--