



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

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

CHILD DEVELOPMENT CENTERS

AREA	NAME	LOCATION	LICENSE Infant and Preschool	AGES SERVED	HOURS OF OPERATION
Berkeley, Emeryville	Ocean View	1422 San Pablo Avenue Berkeley	013420966 (I) 013411435 (P)	Birth to 5 years	7:30am-5:00pm
	Ralph Hawley	1275 61 st Street Emeryville	013420964 (I) 013420963 (P)	Birth to 5 years	7:30am – 5:00pm
	South YMCA	2901 California Street Berkeley	013420965 (I) 010200607 (P)	Birth to 5 years	7:30am-5:00pm
	West YMCA	2009 10 th Street Berkeley	013420565 (I) 010206120 (P)	1 year to 5 years	7:30am-5:00pm
	Vera Casey	2246 MLK Jr Way Berkeley	013417825 (I)	Birth to 3 years	7:30am-4:30pm
Hayward, Oakland	21 st Street	756 21 st Street Oakland	013419483 (I) 013419475 (P)	1 year to 5 years	7:00am-5:30pm
	Eden	951 Palisade Street Hayward	013412851 (I) 013419472 (P)	Birth to 5 years	7:00am-5:30pm
	Eastlake	1612 45 th Avenue Oakland	013423039 (I) 013423040 (P)	Birth to 5 years	7:00am-5:30pm
	Foothill	5908 Foothill Blvd Oakland	Not applicable	Family Center	8:30am-4:30pm
Richmond, Rodeo, San Pablo	8 th Street	445 8 th Street Richmond	073405003 (P)	Birth to 5 years	7:00am-5:00pm
	Giant Road	919 Lake Street San Pablo	073405655 (P)	3 years to 5 years	7:00am-5:30pm
	Richmond	485 Lucas Avenue Richmond	073405695 (I) 073404278 (P)	1 year to 5 years	7:00am-5:30pm
	Rodeo	200 Lake Avenue Rodeo	070212378 (P)	1 year 5 years	7:00am-5:30pm
Courtland, Winters, Woodland	Courtland	180 Primasing Courtland	343604577 (I) 343604573 (P)	Birth to 5 years	5:30am-5:30pm
	Winters	100 Myrtle Drive Winters	573601605 (P)	3 years to 5 years	5:30am-5:30pm
	Woodland	1285 Lemen Avenue Woodland	573601607 (P)	3 years to 5 years	6:30am-5:30pm



**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	Suffix	Birthday (month/day/year)	Gender
Race		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Primary Health Insurance	Other Coverage	Insurance #	Medi-Cal Eligibility	Medi-Cal #	Doctor/Medical Home and Phone Number
			<input type="checkbox"/> Not Eligible <input type="checkbox"/> On Medi-Cal <input type="checkbox"/> Potentially		
Dental Coverage	Dental Coverage #		Dentist/Dental Home and Phone Number		
Does the child have a special need? (Check all that apply)					
<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					
Was the child enrolled in a YMCA program during the last year?			Does the child have a sibling enrolled in the YMCA?		
<input type="checkbox"/> No <input type="checkbox"/> Yes. Site: _____			<input type="checkbox"/> No <input type="checkbox"/> Yes. Sibling name: _____		

Primary Adult					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college/advanced training <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed & seeking work	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <19 years old
Email Address:					

Secondary or Other Adult					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient
Highest Grade Completed	Employment Status		Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed & seeking work	<input type="checkbox"/> Full Time & Training <input type="checkbox"/> Part Time & Training <input type="checkbox"/> Training or School <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <19 years old
Email Address:					

Additional Household Members

Additional Household Member						
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Relationship to child:						

Additional Household Member						
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Relationship to child:						

Additional Household Member						
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Relationship to child:						

Additional Household Member						
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Relationship to child:						

Additional Household Member						
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender	
Race		Hispanic	English Proficiency	Other Language	Other Language Proficiency	
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes	<input type="checkbox"/> None		<input type="checkbox"/> None	
<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> Little		<input type="checkbox"/> Little	
<input type="checkbox"/> Multi-Racial	<input type="checkbox"/> Hawaiian/Pacific Islander		<input type="checkbox"/> Moderate		<input type="checkbox"/> Moderate	
			<input type="checkbox"/> Proficient		<input type="checkbox"/> Proficient	
Relationship to child:						

**Please use a separate sheet for additional household members*

Family Information, Income & Contacts

Family Information								
Family Living Address								
Started Living At Date	Living Address	Apartment #	ZIP	City	State	County		
Family Mailing Address								
Same as living?	Mailing Address	Apartment #	ZIP	City	State	County		
<input type="checkbox"/> Yes <input type="checkbox"/> No								
Phone Number(s)	Type (check one)	Name of Contact				Opt In for Text Messages		
()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
()	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other					<input type="checkbox"/> Yes <input type="checkbox"/> No		
Parental Status (check one)	Primary Language at Home	Homeless Family	Active Duty Military	Military Veteran	Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID (if applicable)
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your family experienced any of the following special circumstances? (check all that apply)		<input type="checkbox"/> Domestic abuse or victim of violence <input type="checkbox"/> On Parole/Incarcerated parent <input type="checkbox"/> Foster care <input type="checkbox"/> Disabled parent <input type="checkbox"/> Other (list) _____			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) _____	

Family Income (Please include all sources of income you are receiving)				
Receiving CalWorks/TANF Status			Receiving SSI (Social Security Income)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Family Member	Amount	How often does this amount get paid (biweekly? bimonthly? monthly?)	Income Description (for example: SSI, Job, Child Support)	Verification provided (for example: W2, check stub)
	\$			
	\$			
	\$			

Location Preference

Location Preference	
Location Preference Priority	Site Name
1st	
2nd	
3rd	
Is the child related to a YMCA of the East Bay employee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes... Employee name _____ Site of Employee _____
Enrollment Notes	

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 _____