



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

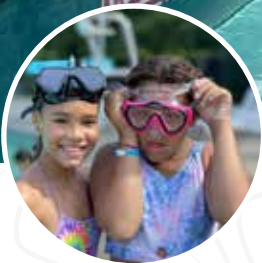


SUMMER CAMP

CAMP CHRISTINA | 781-341-2016 | ISCHNEIDER@OLDCOLONYMCA.ORG

445 Central Street, Stoughton, MA 02072 | WWW.OLDCOLONYMCA.ORG

Financial assistance available, ask today!



WHEN IS CAMP?

HOURS: 9am-4pm
AM Care: 8am-9am (\$)
PM Care: 4pm-5pm (\$)

- Week 1: 6/20-6/24
- Week 2: 6/27-7/1
- Week 3: 7/4-7/8
- Week 4: 7/11-7/15
- Week 5: 7/18-7/22
- Week 6: 7/25-7/29
- Week 7: 8/1-8/5
- Week 8: 8/8-8/12
- Week 9: 8/15-8/19
- Week 10: 8/22-8/26

WHAT'S INCLUDED?

- Swim Lessons Included
- Recreational Swim
- Archery
- Arts & Crafts
- Dance & Drama
- Reading Nook
- Science Space
- Transportation (\$)

WHY THE Y?

- Enhanced safety and cleaning procedures to combat covid-19
- CPR and First Aid Certified staff on grounds at all times
- Trained Staff - Minimum 5 day orientation covering a broad range of subjects including: Counseling skills, team building, programming, conflict resolution, and sensitive issues such as child abuse and neglect.
- Aquatic staff: certified lifeguards and 3 day training on camp specifics
- We conduct Criminal Offender Record Information (CORI) and Sexual Offender Registry Information (SORI) checks prior to all staffs employment

WANT TO STAY CONNECTED?



This year we'll be relying on ClassDojo to communicate with one another: instantly sharing messages, updates, events, and photos from camp. It's simple, secure, and gives you a window into their camp day!

THERE'S NOTHING QUITE LIKE SUMMER CAMP

Welcome to Camp Christina! Whether you're a summer camp pro, or a new friend to our camp, we welcome you to the #BESTSUMMEREVER. Here at Camp Christina we are excited for a full 10 weeks of exciting experiences that will foster lifelong memories, unforgettable friendships, and a nurturing environment designed for all ages and abilities. With adventure around every corner and new experiences each day, Old Colony Y campers learn, develop their character, and become more confident. There's plenty of fun to go around too, as campers take to the water and the treetops to make memories and friendships that will last a lifetime.

KIDS DO BETTER WHEN THEY HAVE ACCESS TO MULTIPLE OPPORTUNITIES AND RESOURCES.
At the Y, we call this our integrated approach to youth development.

**YOU'RE NOT
JUST GETTING
A CAMP
COUNSELOR...**



**...YOU'RE
GETTING
THE YMCA**



MENTAL HEALTH



YOUTH PROGRAMS



MENTORING



FAMILY PROGRAMS



HEALTH & WELLNESS



REGISTRATION FORM A

ALL PAYMENTS ARE DUE BY 6/15 OR UPON REGISTRATION THEREAFTER *Space subject to availability

Camper's Full Name (First, Last): _____ Age: _____ Grade: _____
as of 9/1/22

CLEARLY PLACE AN "X" IN THE APPROPRIATE BOX TO INDICATE YOUR CAMP SELECTIONS

CAMP '22	Grades Entering	WEEK 1 6/20-6/24	WEEK 2 6/27-7/1	WEEK 3 7/4-7/8	WEEK 4 7/11-7/15	WEEK 5 7/18-7/22	WEEK 6 7/25-7/29	WEEK 7 8/1-8/5	WEEK 8 8/8-8/12	WEEK 9 8/15-8/19	WEEK 10 8/22-8/26	MEMBER FEE PER WEEK*	NON-MEMBER FEE PER WEEK	TOTAL AMT. DUE
YOUTH DEVELOPMENT CAMPS														
Little Voyager (9am-1pm)	4/5 yrs											\$150	\$200	
Pioneer	K											\$245	\$295	
Navigator	1st											\$245	\$295	
Explorer	2nd											\$245	\$295	
Pathfinder	3rd											\$245	\$295	
Rangers	4th											\$245	\$295	
Adventurer	5th											\$245	\$295	
Maverick	6th/7th											\$245	\$295	
Trailblazer	8th/9th											\$245	\$295	
Counselor-in-Training	10th	Four weeks (\$450 mem/\$490 non)				Four weeks (\$450 mem/\$490 non)						N/A	N/A	
BEFORE & AFTER CAMP EXTENDED CARE														
AM Extended Care	5-12											\$60 per week		
PM Extended Care												\$60 per week		
TRANSPORTATION														
AM Bus	5-12											\$60 per week		
PM Bus												\$60 per week		



SAVINGS

20% OFF - ENDS APRIL 30TH

Purchase 4 weeks of camp, and receive 20% off each additional week (per child, excludes week 1 & bus) Ask for details!

\$15 OFF - SIBLING DISCOUNT

per week, per additional child. Must be the same week of camp. Excludes week 1.

\$50 OFF

Refer a new camper for 2 sessions

PAYMENT OPTIONS | ALL PAYMENTS DUE BY 6/15

- Pay in Full
- Deposit Only: (\$60 per camper/per week, not available after 6/15)
- Check Enclosed
- I will pay by credit card at the camp (Note: Do not enter your credit card number on this form)
- Auto Charge (All payments must be received by 6/15) Choose the billing option that works for you! Pay your balance in weekly or even monthly installments you have chosen until 6/15! *First payment will be required at point of sale.

CHECK ALL THAT APPLY

- I have a voucher (please attach)
- I am applying for a campership (attach completed application)

PAYMENT POLICY

All payments are due in full by 6/15 or upon registration thereafter. Prior to 6/15, if you are not paying in full, a \$60/week per child deposit is required. At that time, you will be asked to set up auto charge payments. If this is not desired, please keep in mind, the remaining balance is due on 6/15. Please note that your child will not be able to attend camp until all of the required documents and payment in full has been collected. Tuition refund will be awarded for medical reasons (doctors note required) or relocation of family with proper documentation. A formal request for refund must be made in writing. See parent handbook for full payment policy.

Signature

Date

MEMBERS SAVE \$50 A WEEK ON AVERAGE. BECOME A MEMBER TODAY!



Reduced Rates

Save on camp & more!



KidZone

Get a workout in!



Group Exercise

Find your fit!



Access Nationwide

Traveling is no problem!



Free Family Events

Fun for the family!

Weeks	Savings*
1	\$50
2	\$100
3	\$150
4	\$200
5	\$250
6	\$300
7	\$350
8	\$400

Contact member services or visit our Welcome Center to become an Old Colony YMCA member today!

*Discount reflects membership difference. Must maintain membership throughout summer camp to qualify for discount.

REGISTRATION FORM B

TRANSPORTATION (ADDITIONAL FEE: AM or PM \$60 EACH per week)



Must be 5 years to use camp transportation

****Please note, there will be no transportation for week 1 or 10**

Red Bus - Easton/Holbrook/Brockton (Please note, actual bus color is yellow)

#	Stop Location	Stop Address	AM	PM
1	Shaw's Plaza	690 Depot Street, Easton	8:00	5:05
2	E-Market	285 Washington Street, North Easton	8:10	4:50
3	Westgate Mall (Staples)	500 Westgate Drive, Brockton	8:20	4:40
4	Holbrook High School	245 S. Franklin Street, Holbrook	8:30	4:25
5	Avon High School	285 W Main Street, Avon	8:40	4:15
#	Camp Christina	445 Central Street, Stoughton	9:00	4:10

Blue Bus - Randolph/Canton (Please note, actual bus color is yellow)

#	Stop Location	Stop Address	AM	PM
1	Randolph High School	70 Memorial Parkway, Randolph	8:00	5:05
2	Randolph Middle School	225 High Street, Randolph	8:10	4:50
3	Hansen Elementary (Canton)	25 Pecunit Street, Canton	8:20	4:40
4	Canton High School	900 Washington Street, Canton	8:25	4:30
5	Flowers by Ami (Cobbs Corner)	1 Washington Street, Canton	8:30	4:25
#	Camp Christina	445 Central Street, Stoughton	8:50	4:10

ROLLING DROP OFF 8:45-9:00AM

ROLLING PICK-UP 3:45PM - 4:00PM

Parents/guardians have the option of dropping off or picking up their child to and from YMCA Camp. No child under 12 years old is allowed to walk to/from camp or the bus stop without supervision. Children 12 years and older may walk to and from camp or the bus stop unsupervised after they have provided a signed note from a parent or guardian stating such to the Camp Director.

EARLY DISMISSAL BEFORE 3:15PM

Please send a note with the time you will arrive to dismiss your child. We'll gladly ensure that your child has left his/her activity, has gathered his/her belongings and is waiting for you at the camp office. No camper will be dismissed through the camp office between 3:15-3:45pm.

EXTENDED CARE

8:00am-9:00am (AM Care) \$60 per week
4:00pm-5:00pm (PM Care) \$60 per week

No parent/guardian will be allowed on camp grounds while camp is in session

BUS PICK UP LATE FEE AGREEMENT

Buses will remain at each stop no longer than 5 minutes. I understand that if I or another person designated as a transportation contact on Form C is late picking up at a stop, I will be charged a fee of \$20 per child. I also understand that if I or another transportation contact is late picking up a second time, my child(ren) will no longer be eligible for bus transportation.

Parent/Guardian Signature

BUS INFO

Bus Transportation is available for all campers age 5 and up. YMCA Camp provides a bus monitor on each bus. Campers must be supervised by an adult at pick-up and drop-off locations. If an adult is not present, your child will be brought back to the YMCA for pick-up. Please note: Bus routes are subject to change. Please indicate your preferred stop and bus number on the registration form. Busing services are not guaranteed if registration or payment is late. Bus times are approximate. Please allow 10 minutes in the morning and afternoon. Drop off is in reverse order and the departing time from camp is 4:00pm. Bus routes depend on enrollment and are therefore subject to change. If your bus time changes, you will be notified prior to your camp session.

BUS SCHEDULE

REGISTRATION FORM C

Please complete the entire Registration packet for each camper and return it with your non-refundable deposit to:
Old Colony YMCA - Stoughton Branch, 445 Central Street, Stoughton, MA 02072

<PLEASE NOTE THAT OUR PRIMARY METHOD OF COMMUNICATION IS VIA EMAIL AND TEXT>

CAMPER AND FAMILY INFORMATION

Camper's Full Name (First, Last) : _____ Date of Birth: ____ / ____ / ____

Age: ____ Male ____ Female ____ Address: _____ City: _____ Zip Code: _____

<PREFERRED COMMUNICATION> *Phone: _____ Email: _____

Parent/Guardian 1 Name: _____ DOB: ____ / ____ / ____ Cell: _____

Relationship to Camper: _____ Email: _____ Work: _____

Parent/Guardian 2 Name: _____ DOB: ____ / ____ / ____ Cell: _____

Relationship to Camper: _____ Email: _____ Work: _____

ARRIVAL & DEPARTURE INFORMATION (Please indicate only one option for each):

MORNING ARRIVAL:

- AM Extended Care (8:00-9:00am)
 Parent Drop Off at Camp (8:45-9:00am)
 Arrival by Bus Bus Color _____ Stop # _____

AFTERNOON DEPARTURE:

- Parent Pick-up from Camp (3:45pm-4:00pm)
 PM Extended Care (4:00-5:00pm)
 Departure by Bus Bus Color _____ Stop # _____

Please note: A photo ID will be required by any individual who wishes to pick up or sign out your camper. Please indicate below those persons to whom your child may be released to for dismissal or in case of illness or injury. Your camper will not be released to any persons without a photo ID and a completed authorized person pick up card. In cases of emergency or illness, we will call the following contacts in the order they are listed below.

FOLLOWING ADULTS ARE AUTHORIZED TO PICK UP CHILD/REN AND ARE SUITABLE EMERGENCY CONTACTS

Contact Person: _____ Relation: _____ Phone: _____

Contact Person: _____ Relation: _____ Phone: _____

Contact Person: _____ Relation: _____ Phone: _____

CUSTODY INFORMATION

Is there a court order in regard to the child's custody?

Yes No

Is there a restraining order in regard to who may have contact with the child?

Yes No

If you answered yes to either question, a copy of the court order is needed for the child's file. Please attach it to the registration form

Attached

RELEASE TO TALK WITH SCHOOL PERSONNEL

This is to confirm that the _____ School, its principals, teachers, nurses, and counselors have my permission to release pertinent documents and to discuss with school personal regarding my child with an authorized Old Colony YMCA staff person.

REGISTRATION FORM D

PLEASE NOTE: You must include your child's current immunization / physical records signed by a physician.

HEALTH INFORMATION/MEDICAL INFORMATION & EMERGENCY CONTACT INFORMATION

Family Physician (to be contacted): _____ Phone: _____

Do you have medical insurance? _____ Carrier: _____ Policy/Group #: _____

MEDICATION/HISTORY

Will camper be taking medication(s) while at camp? Yes No (Medications include epi-pens, inhalers, prescriptions, over-the-counter, vitamins, etc.)

If marked Yes, which medications? _____

If yes, please be prepared to provide the medications (in original containers) with the Authorization to Administer Medication to Camper Form.

Asthma Epilepsy Diabetes Autism Hyperactivity/Behavioral Frequent Headaches Ear trouble Mental Health

Other: _____ Please comment on indicated history: _____

Please note: You may request to meet with the director to discuss your child's history to better serve your camper.

None Known Food(s) : _____ Insect bites/stings: _____

Poison Ivy/Oak: _____ Medication(s) : _____ Other: _____

Please explain reaction and treatment for the above allergies: _____

If medication will be provided to the camp nurse, please fill out the Authorization to Administer Medication to Camper Form

(found online at www.oldcolonyymca.org/locations/camps or at your camp/branch)

The following accommodations may be required to most effectively meet my child's need while at camp.

MEETING REQUEST CONTACT

Isabel Schneider

781-341-2016 x289

ischneider@oldcolonyymca.org

OTHER

Is your child on an IEP or 504 plan? Yes No **If yes, please provide a copy of the plan.**

Please explain any special dietary needs/restrictions: _____

Please explain any limits or restrictions to physical activity while at camp: _____

Any other conditions the camp directors or nurse should be aware of: _____

Does your child attend a YMCA After School or Early Education program? If yes, where? _____

Are there any accommodations or services that we can provide to make the summer as successful as possible? _____

Please share any information that would help Summer Staff best serve your child: _____

This health history is correct so far as I know, the person herein described has permission to engage in all prescribed camp activities except as noted.

EMERGENCY AUTHORIZATION

I hereby give my permission to the medical personnel selected by the Old Colony Y to order x-rays, routine tests, and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for, and to order injections and/or anesthesia and/or surgery for my child as named above. This form may be photocopied for use out of camp. I understand that the Old Colony Y is not responsible to provide health and accident insurance, and all charges occurred will be paid by the parent/guardian.

Signature of Parent/Guardian: _____ Date: _____

*If you cannot sign this due to religious reasons, the camp should be contacted for a legal waiver which must be signed for attendance.

REGISTRATION FORM E

WAIVERS & LIABILITY FORM

I, the undersigned _____ (legal relationship to student, e.g., "parent, guardian") of _____ (name of student) ("my child"), a minor, do hereby consent to my child's participation in voluntary athletic or Recreation programs of the Old Colony YMCA.

I also agree to forever release the Old Colony YMCA, to all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic or recreation programs of the Old Colony YMCA ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary athletic or recreation programs.

I also promise, to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Old Colony YMCA voluntary camping, athletic, or recreation programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I am free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in Old Colony YMCA's camping, athletic, or recreation programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Old Colony YMCA or recreation programs.

Signature _____ Date _____ Guardian of _____

A. Medical Liability

Signature _____

I understand that health and accident coverage for my child is my responsibility as parent or guardian. I will not hold Camp Christina, the Old Colony Y, its representatives, counselors or staff liable for any injury incurred by my child. I hereby give my approval for her/his participation in the program. In an emergency, I hereby give permission to the physician selected by the Old Colony Y to hospitalize, secure proper treatment for and to order injection and/or anesthesia and/or surgery for my child as named above.

B. Photo Waiver

Signature _____

It is understood and agreed that the Old Colony Y reserves the right to take and utilize pictures, likenesses, videos, and testimonials of participants for promotional purposes including, but not limited to; reports, publications, brochures, emails, our website, and other instances of online presence.

***If you do not approve, please write "DO NOT PHOTO" and attach a current photo of your child to ensure s/he does not appear in any media.**

C. Sunscreen/Bug Spray

Signature _____

I understand the following bug spray/sunscreen policy of Old Colony Y: We recommend that all campers and staff wear sunscreen with a SPF of at least 15 on all exposed skin, including lips, even on cloudy days. We recommend that all campers and staff use bug spray with DEET according to recommendations on product label. Parents/Legal Guardians will be responsible for providing their child with enough sunscreen and bug spray (in sealed containers) to take with them for applications throughout the day. Please include one container of each per child, labeled with your child's name. Camp staff will be responsible for ensuring thorough follow-up applications after one hour in the water, after two hours of activity in the sun (due to perspiration), and/or any other times as needed. Please note, this will mean your child may have sunscreen and bug spray applied to them by the camp staff. Please explain this to your child prior to camp.

TO DISCUSS ANY QUESTIONS OR CONCERNS REGARDING THIS AGREEMENT, PLEASE CONTACT THE YMCA AT 781-341-2016

>I ACKNOWLEDGE THAT I AM OVER THE AGE OF EIGHTEEN (18) YEARS. I ACKNOWLEDGE THAT I HAVE CAREFULLY AND COMPLETELY READ AND UNDERSTAND THE TERMS CONTAINED IN THIS RELEASE AND WAIVER OF LEGAL LIABILITY. I UNDERSTAND THAT MY SIGNATURE ON THE LEFT, DEMONSTRATES ACCEPTANCE OF THE ABOVE TERMS IN THEIR ENTIRETY.

Date _____

IMPORTANT DATES

- **April 9th | Spring Into Camp Open House**
11:00am - 2:00pm
- **April 30th | Healthy Kids & Spinathon**
10:00am - 1:00pm
- **May 14st | Water Safety Day**
10:00am - 1:00pm
- **June 3rd | Family Night**
5:00pm - 7:00pm
- **June 17th | Staff Meet & Greet**
5:00pm - 7:00pm



PREPARE FOR CAMP

- Write your name on everything
- In case of camper absence please report all absences to our camp office

DON'T FORGET (Bring These Every Day)

- Closed toe shoes
- Water bottle (with water)
- Bathing suit & towel
- Sunscreen
- Bug Spray



CONTACT

Camp Director • Isabel Schneider • 781-341-2016 x289 • ischneider@oldcolonyymca.org

REGISTRATION FORM F

INCOME ELIGIBILITY FORM FOR THE SUMMER FOOD SERVICE PROGRAM (For Use by Camps and Closed Enrolled Sites)

Please complete the following form using the instructions below. Sign the form and return it to:

[Name of Sponsor] _____

If you need help, call [phone number of Sponsor] _____

Follow these instructions, if your household gets SNAP, TAFDC, participates in Head Start, or is homeless:

Part 1: List participant's name and a SNAP or TAFDC case number or indicate Head Start participation or homelessness.

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Sign the form. A Social Security Number is NOT required.

Part 5: Answer this question if you choose to.

If your household includes a FOSTER CHILD, use one application for the whole household and follow these instructions. Please Note: Foster children are children formally placed in foster care by a State child welfare agency or a court and the state must retain legal custody of the child. It does not apply to informal arrangements with relatives or others.

Part 1: Enter the child's name.

Part 2: Please contact us at [phone number of Sponsor]

Part 3: Complete this part if you are applying for other children in the household and you did not enter a SNAP or TAFDC case number in Part 1 and did not indicate Head Start or homelessness.

Part 4: Sign the form. If Part 3 was completed, provide the last four digits of the signing adult's Social Security Number.

Part 5: Answer this question if you choose to.

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

Part 1: List each participant's name.

Part 2: Skip this part.

Part 3: Follow these instructions to report total household income from last month.

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

Column B—Gross income last month and how often it was received. Next to each person's name, list each type of income received last month, and how often it was received.

In Box 1, list the **gross income** each person earned from work. This is not the same as take-home pay. **Gross income is the amount earned before taxes and other deductions.** The amount should be listed on your pay stub, or your boss can tell you. Next to the amount, write how often the person got it (weekly, every other week, twice a month, or monthly).

In box 2, list the amount each person got last month from welfare, child support, alimony.

In box 3, list Social Security, pensions, and retirement.

In box 4, list **ALL OTHER INCOME SOURCES** including Worker's Compensation, unemployment, strike benefits, Supplemental Security Income (SSI), Veteran's benefits (VA benefits), disability benefits, regular contributions from people who do not live in your household. Report net income for self-owned business, farm, or rental income. Next to the amount, write how often the person got it. If you are in the Military Housing Privatization Initiative do not include this housing allowance.

Column C—Check if no income: If the person does not have any income, check the box.

Part 4: An adult household member must sign the form and include the last four digits of his or her Social Security Number, or mark the box if he or she doesn't have one.

Part 5: Answer this question if you choose to.

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.

REGISTRATION FORM G

Part 1. Children enrolled in Camp or Closed Enrolled Sites.

Names (First, Middle Initial, Last)	SNAP or TAFDC case # (if any). Skip to Part 4 if you listed a case # or indicate Head Start or Homeless.

Part 2. Foster Child

Foster children are eligible for free and reduced-price meals regardless of household income. If a foster child lives with you, please **contact [name of Sponsor] at [phone number]**. Complete Part 3 if you are applying for other children in your household and you did not enter a SNAP or TAFDC case number or indicate Head Start or homelessness in Part 1.

Part 3. Total Household Gross Income—You must tell us how much and how often

A. Name (List everyone in household, including children) <i>(Example)</i> Jane Smith	B. Gross income and how often it was received <i>Example: \$100/monthly \$100/twice a month \$100/every other week \$100/weekly</i>				C. Check if NO income
	1. Earnings from work before deductions	2. Welfare, child support, alimony	3. Social Security, pensions, retirement,	4. All Other Income	
	\$200/weekly	\$150/weekly	\$100/monthly	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>
	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	\$ ____ / ____	<input type="checkbox"/>

Part 4. Signature and Social Security Number (Adult must sign)

An adult household member must sign this form. If Part 3 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 this information is being given for the receipt of Federal funds. I understand that SFSP 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: X _____ Print name: _____ Date: _____

Address: _____ Phone Number: _____

Last four digits of Social Security Number: _____ I do not have a Social Security Number

Part 5. 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: _____ Eligible _____ Not Eligible _____

Reason: _____

Determining Official's Signature: _____ Date: _____

Confirming Official's Signature: _____ Date: _____

REGISTRATION FORM H

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 your child for free or reduced price meals. You must include 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) or Temporary Assistance for Transitional Aid to Families with Dependent Children (TAFDC) Program case number for your child 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 your child is eligible for free or reduced price meals, and for administration and enforcement of the Program.

Non-discrimination Statement: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

OLD COLONY YMCA
ASSOCIATION OFFICE
320 MAIN STREET
BROCKTON, MA 02301
www.oldcoloniymca.org

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