



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# BEFORE & AFTER SCHOOL ENRICHMENT (BASE)

## OPEN DOORS APPLICATION 2026-27

SCHOOL \_\_\_\_\_

Choose an option:  Before School Care  After School Care  Both

Parent Name \_\_\_\_\_ Gender:  Male  Female

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone \_\_\_\_\_

Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_

Employment Status:  Full-Time  Part Time  Unemployed  Workers Comp  Retired

College Student:  Yes  No

Living at Home (dependent on parent)

Living on Campus (dependent on parent)

Living at Home (not a dependent)

Living on Campus (not a dependent)

### Dependents (List all people living in the household.)

NAME (Last, First)	EMPLOYED	GENDER	D.O.B	RELATIONSHIP
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female		
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Male <input type="checkbox"/> Female		

### Children Attending the Program

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

Child's Name \_\_\_\_\_

### Monthly Household Income (Please list all sources of monthly household income.)

Wages (Gross) \$ \_\_\_\_\_

Child Support/Alimony \$ \_\_\_\_\_

Social Security/SSI \$ \_\_\_\_\_

TOTAL INCOME \$ \_\_\_\_\_

TOTAL EXPENSES \$ \_\_\_\_\_

What can you afford at this time? \$ \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE USE: Level Approved \_\_\_\_\_ Documents Verified  Date \_\_\_\_\_ Staff Initials \_\_\_\_\_

\*Please see next page for list of required documents to be submitted with application.

## **Tampa Metropolitan Area YMCA**

Financial assistance for services is available to those who qualify. The Tampa Metropolitan Area YMCA considers household income and number of dependents. Financial assistance is extended based on a sliding scale. Applications must be accompanied by proof of family income. Applications will be reviewed in the order they are received. Deadline to apply is July 22nd, 2024.

### **PLEASE PROVIDE THE FOLLOWING FOR ALL INDIVIDUALS IN THE HOUSEHOLD:**

1. CURRENT PAYROLL CHECK STUB (FOR TWO PAY PERIODS)
2. MOST RECENT TAX RETURN (NOT W2. PLEASE BLACK OUT ALL SOCIAL SECURITY NUMBERS)
3. SOCIAL SECURITY RECORDS (IF APPLICABLE)
4. DISABILITY RECORDS (IF APPLICABLE)
5. SCHOOL/CLASS SCHEDULE (IF PARENT/GUARDIAN REGISTERED AS FULL TIME STUDENT)
6. A LETTER EXPLAINING THE NEED FOR ASSISTANCE (If this information is unavailable, or you feel additional explanation is necessary, an appointment may be scheduled with the YMCA Scholarship Representative.)

**Until financial assistance is granted, you must pay the full price.**

Assistance is reciprocal at all Tampa Metropolitan Area YMCA facilities.

**YOU WILL BE REQUIRED TO RENEW AND SUBMIT ALL NEW INFORMATION UPON EXPIRATION OF FINANCIAL ASSISTANCE.**