



GEORGIA MOUNTAINS YMCA

Child Data Sheet Hoja de Información

Child's Name / Nombre del niño: _____

Street Address / Dirección: _____

City / Ciudad: _____ Zip / Código Postal: _____

Home Phone / Número de teléfono: _____

Birth Date / Fecha de Nacimiento: _____ Gender / Sexo: M F

Father / Guardian Name / Nombre del Padre o tutor: _____

Mother / Guardian Name / Nombre del Padre o tutor: _____

Race/ Ethnicity - Raza/Grupo Étnico: _____

Household Income Level/ Nivel de ingresos en el hogar:

Under / Menos \$15,000 \$15,001 - \$25,000 \$25,001 - \$35,000

\$35,001-\$45,000 \$45,001-\$60,000 \$60,001 and over

Native Language/ Idioma: _____

School Name/ Nombre de la Escuela: _____ Grade/ Grado: _____

E-Mail _____

Are you a participant of one of the following programs? Participa en alguno de los siguientes programas?

TANF DFCS Food Stamps CAPS Other: _____

Parent/Guardian Signature / Firma del Padre: _____

YMCA Staff Signature / Empleado de YMCA: _____

OPEN DOORS PROGRAM: INCOME-BASED RATE SCALE

Household income below \$65,000 may be eligible to take part in this program. Through Open Doors, we have designed a scale to fit each individual's financial situation. A pre-determined monthly rate has been established in a sliding scale format for income levels \$65,00 and below.

Income: _____

Expiration Date: _____

Discount: _____

I understand that the rate that I qualify for is based on my latest tax information that I have provided or will provide in the next 30 days from the above date, if I do not provide the YMCA with my tax information the rate and/or fees will be automatically set at a max level. I also understand that my rate will be reviewed annually to determine if I need to be moved up or down to a new rate/fee.

Parent/Guardian Signature / Firma del Padre: _____

YMCA Staff Signature / Empleado de YMCA: _____