



PERSONAL PRICING PLAN – DAY CAMP / SUMMER PROGRAMS / CHILDCARE

Today's Date: _____

APPLICANT INFORMATION

Parent/Guardian Name (s):		
Date of birth:	Email:	Phone:
Current address:		
City:	State:	ZIP Code:
Own Rent (Please circle)	Monthly pmt or rent: \$	<input type="checkbox"/> Male <input type="checkbox"/> Female
Participant Name (s):		

FAMILY INFORMATION

PLEASE LIST BELOW ALL FAMILY MEMBERS THAT LIVE WITH YOU / # OF ADULTS IN HOUSEHOLD _____

<u>Name</u>	<u>Birth date</u>	<u>Relationship to You</u>	<u>Gender</u>
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female
	/ /		<input type="checkbox"/> Male <input type="checkbox"/> Female

FINANCIAL INFORMATION

YMCA CAMPING REQUIRES THE FOLLOWING INCOME INFORMATION FROM ALL ADULT MEMBERS OF THE HOUSEHOLD. PLEASE INCLUDE THE INDICATED SOURCE AND ATTACH PROOF OF INCOME.

<u>Income Source</u>	<u>Monthly \$ Amount</u>	<u>Expected Changes (If Any)</u>	<u>Proof of Income Attached (Include one of requested forms)</u>
Wages, Tips, Other	\$		<input type="checkbox"/> 1040, W-2's, 2 Pay Stubs
Spousal Support / Child Support	\$		<input type="checkbox"/> Legal Documents / Check Copies
Disability / Social Security	\$		<input type="checkbox"/> SSI Documentation / 2 Pay Stubs
Unemployment	\$		<input type="checkbox"/> Unemployment Approval letter
Self Employment	\$		<input type="checkbox"/> 1040, 1099's
Other (Include County, Agency Income/Support)	\$		<input type="checkbox"/> Proof of other Income
Total Monthly Income	\$		All Required Documents Attached

COUNTY / THIRD PARTY AGENCY ASSISTANCE

1. Have you applied for, or are currently receiving County Assistance? **Y / N**

If yes, please list the specific County: _____ and Case # _____

2. Have you applied for, or are currently receiving assistance from another Agency? **Y / N**

If yes, please list the specific Agency Name: _____ and Phone # _____

Personal Pricing Plan participants who default on payment schedule will forfeit participation in current and future programs or membership with the YMCA of Greater St. Paul and the YMCA of Metropolitan Minneapolis. Payments must be made on or before the due date. By signing below, I testify that the above provided information is accurate, truthful, and comprehensive. I understand and agree to all policies pertaining to this application and will follow specific program policies.

Signature of Applicant:

Date:



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PARENT NARRATIVE / SPECIAL SITUATIONS

Please provide narrative to explain why the experience of attending our program would benefit your child. Also explain any special situations that you feel we should know about.

PROGRAM INFORMATION

Please check all that apply for assistance up to 50% of Program Costs
Deposits are required for most programs. Refer to registration form for additional information
Personal Pricing will not be completed without registration form and deposit required

<u>Program Name</u>	<u>Program Type</u>	<u>Participant Name (s)</u>	<u>Registration Forms Required</u> (Attached with deposit?)
Childcare	<input type="checkbox"/> Licensed <input type="checkbox"/> Preschool <input type="checkbox"/> Kindergarten <input type="checkbox"/> School Aged <input type="checkbox"/> Release Day Only		<input type="checkbox"/> Yes <input type="checkbox"/> No
Summer Childcare Programs	<input type="checkbox"/> Summer Power <input type="checkbox"/> Summer Kindergarten Power <input type="checkbox"/> Summer Uproar <input type="checkbox"/> Summer School <input type="checkbox"/> Summer Sports		<input type="checkbox"/> Yes <input type="checkbox"/> No
Day Camp	<input type="checkbox"/> Traditional Camp <input type="checkbox"/> Wee Bee Backpackers <input type="checkbox"/> Summer Sports		<input type="checkbox"/> Yes <input type="checkbox"/> No

FUNDRAISING / VOLUNTEER INFORMATION

Each year, both associations of the YMCA raise fund through our annual Y-Partners campaign. Without the support of donors, the personal pricing plan would not be possible. One of the most valuable ways we keep donors committed is to say "thank you!" Our donors have said time and time again that receiving a thank you note from a recipient of a personal pricing plan is the most meaningful form of thanks they can receive. To that end, we ask that your child write a thank you note describing what the program experience has meant to them.

MAY WE SHARE YOUR STORY ON WHAT THE PROGRAM EXPERIENCE MEANT TO YOUR CHILD AND YOUR FAMILY?

- Yes, Please contact me
 No, Not at this time

- INTERNAL USE ONLY -

<u>Internal Steps</u>	<u>(X)</u>	<u>Processed By:</u>	<u>Camp Information</u>	
Registration Received & Entered			Branch #	
Deposit Received & Entered			Participant Member #	
Entered Into Spreadsheet			Total Program Fee	\$
Letter Generated & Mailed			Total PPP Award	\$
Personal Pricing Plan Approved & Entered			Net Due	\$
Approval Signature:			% PPP Award	%