

Fall PROGRAM SCHEDULE

Fall Semester

- Sept 11 - Oct 2 | Soccer
- Oct 9 - Oct.30 | Swimming
- Nov 6 - Nov 13 | Kickball

Elementary School Ages
Tuesdays, 1:00 – 2:00 p.m.

Middle/ High School Ages
Tuesdays, 2:00 – 3:00 p.m.

YMCA Member Fee: \$60
Non-Member Fee: \$80

Note: Fee discounts are available through the Y Community Assistance Program. Multi-child discounts are also available for full-paying members.

YMCA Homeschool PE is an income based program, you may qualify for a reduced rate.

www.ymcaofkv.org

COMMUNITY ASSISTANCE

The YMCA of Kanawha Valley is a charitable, non-profit committed to helping people grow in spirit, mind and body. Through the generosity of donors, we are able to provide programs and services to those who may not otherwise be able to participate.



Through Community Assistance the Y is able to serve people of all ages, backgrounds, abilities and incomes by providing flexibility in fees. This structure assures as many youth, adults and families as possible are able to participate in Y programs.

How does it work?

The Community Assistance Program provides a sliding scale for membership and program discounts based on your families income. For example, families of four with a household income of \$60,000 or less can receive some sort of discount at the Y.

Questions? Contact program director Mindy White at (304) 340-3533 or email homeschoolpe@ymcaofkv.org.

LEARNING TOGETHER, PLAYING TOGETHER

Homeschool PE

Sept. 11-Nov. 13, 2018
Charleston Family YMCA



PARENTS, HAVE FUN, TOO

Your kids don't get to have
All the fun, parents need
exercise too. Visit the
YMCA's health and fitness
center which offers modern
equipment with a clean and
safe workout environment.

FREE FOR PARENTS WITH HOMESCHOOL PE PARTICIPATING CHILDREN.

The Y conference room is also
available for planning or teaching.

BRANCH: Charleston Family YMCA / Cross Lanes YMCA / MEMBERSHIP: New / Renewal /
TYPE: Household / Adult (19 and Over) / Youth (12 and Under) / Teen (13-18) /
Senior (60+) / Senior Family (Both 60+) / Single Parent /

Name _____ DOB _____ Gender M / F Phone _____
Address _____ City _____ Zip _____ Cell Phone _____
Employer _____ Work Phone _____ Email _____
Spouse _____ DOB _____ Gender: M / F _____
Spouse Employer _____ Work Phone _____
Household Size _____ Adults _____ Children (Under 21 or dependent full-time college student must submit schedule)
 African-American Asian Caucasian Hispanic Native American Other _____
All Persons Living in Household Relationship DOB Gender School/College Attending:

If you would like to tell us about any unusual expenses or circumstances, please attach second page. (Mortgage, utilities, car pay-
ments, etc. are not considered unusual expenses or circumstances.)

Required Information For Applicant's Household

Important: Entire Household Income is Required

| | | | |
|---------------------|----------|-----------------|----------|
| Applicant | \$ _____ | Other Household | \$ _____ |
| Monthly Gross | \$ _____ | | \$ _____ |
| Salary Wages | \$ _____ | | \$ _____ |
| Child Support | \$ _____ | | \$ _____ |
| Allimony | \$ _____ | | \$ _____ |
| State/Fed. Aid | \$ _____ | | \$ _____ |
| Food Stamps | \$ _____ | | \$ _____ |
| School Loans/Grants | \$ _____ | | \$ _____ |
| Disability | \$ _____ | | \$ _____ |
| Other Income | \$ _____ | | \$ _____ |

Completed Applications will be reviewed
within 14 working days. *
*Incomplete Applications will not processed until
ALL information is submitted.

Please Note: Information Must Be Current

- two most recent pay check stubs
 - two most recent unemployment check stubs disability statement or Social Security Statement
 - government assistance verification (food stamps, foster care assistance, 3rd party childcare, HUD, etc.)
 - other assistance verification (child support, allimony, student loans/grants)
- Submit your completed application along with:
FEDERAL INCOME TAX FORM 1040 REQUIRED
And
HOUSEHOLD INCOME (All who live in your home)

I certify that all the above information is true and complete to the best of my knowledge. Falsification of information will lead to
immediate termination of assistance.

Signed _____ Date _____

Office Use Only: Date: _____ Gross Annual Income: _____ Discount %: _____