

# YMCA of San Angelo

#### 2023-2024 Day Camp Schedule

		B ' 1 1' 6
Camp Day		Registration Opens
September 18		August 18
October 6		September 8
October 9		September 8
November 6		October 9
November 20-21		October 16
December 21-22		November 23
December 27,28,29		November 23
January 2,3,4,5		November 23
January 15		December 11
February 16-19		January 19
March 11-15		February 12
April 19-22		March 15
	•	

Late Pick up fees 6:00-6:05 \$5.00 6:06-6:10 \$8.00

6:11 and later \$8.00 plus \$2.00 for each additional minute

Day camp fees and registration			
Y-Member	\$27.50		
Non-Member	\$32.50		

Day camp fees are in addition to regular afterschool program fees.

ASP registration does not guarantee a Day Camp spot. Child must be pre-registered to attend any day camp, this includes children participating in the CCS program, and currently enrolled in the After School Program. Registration can be done by or at the front desk in person or by phone.

Day camp will not be offered on the following days				
Labor Day		September 4		
Thanksgiving Day		November 22-23		
Black Friday		November 24		
Christmas		December 25		
Day after Christmas		December 26		
New Year's Day		Juanuary 1		
Good Friday		March 29		
Memorial Day		May 27		

Additional information
All day camps will be hosted at the
San Angelo Y located at 353 S. Randolph
from 7:00am - 6:00pm.
Limited space is available and is on a first
come first serve basis.
Contact us at 325-655-9106
www.ymcasanangelo.org

# PHOTO I.D. REMINDER

As stated in the enclosed parent handbook all persons picking up MUST

1. BE LISTED ON THE ENROLLMENT FORM

#### 2. HAVE A PHOTO ID TO PROVE THEIR IDENTITY, INCLUDING PARENTS

Refusal to provide photo ID when requested by a staff will result in termination from the program.



#### **Admission Information**

Use this form to collect all required information about a child enrolling in day care.

**Directions**: The day care provider gives this form to the child's parent or guardian. The parent or guardian completes the form in its entirety and returns it to the day care provider before the child's first day of enrollment. The day care provider keeps the form on file at the child care facility.

	G	Seneral Information		
Operation's Name:		Director's Name:		
Child's Full Name:		Child's Date of Birth:	Child Lives	
Child's Home Address:		Date of Admission:	: Date of Withdrawal:	
Name of Parent or Guardian (	Completing Form:	Address of Parent or Guardian (if different from the child's):		ifferent from the child's):
List phone numbers below wh	ere parents or guardian may be	reached while child is in care	<del>)</del> .	
Parent 1 Phone No.:	Parent 2 Phone No.:	Guardian's Phone No.:		Custody Documents on File?  Yes No
In case of an emergency, ca	ıll:	·		
Name of Emergency Contact:		Relationship:		Area Code and Phone No.:
Address:				
				following persons. Please list name nated by the parent or guardian after
Name:			Are	a Code and Phone No.:
Name:			Are	a Code and Phone No.:
Name:			Are	a Code and Phone No.:
	С	onsent Information		
1. Transportation:				
I give consent for my child to	be transported and supervised b	by the operation's employees	(Check all the	at apply).
for emergency care	on field trips to and fr	om home	school	
2. Field Trips:				
O I give consent for my child	to participate in field trips.	do not give consent for my cl	hild to partici	pate in field trips.
Comments:				

3. Water Activities:					
I give consent for	I give consent for my child to participate in the following water activities (Check all that apply).				
☐ water table play ☐ sprinkler play ☐ splashing or wading pools ☐ swimming pools ☐ aquatic playgrounds					
Is your child able to	swim without assistar	nce: O Yes O No	If no, what type of assistance is needed:		
4. Receipt of Written	Operational Policies	:			
I acknowledge receipt	of the facility's operation	onal policies, including	those for (Check all that apply).		
Discipline and guid	lance		Procedures for release of children		
Suspension and ex	kpulsion		☐ Illness and exclusion criteria		
☐ Emergency plans			Procedures for dispensing medications		
Procedures for cor	nducting health checks		☐ Immunization requirements for children		
Safe sleep			☐ Meals and food service practices		
☐ Procedures for par	ents to discuss concer	ns with the director	Procedures to visit the center without securing prior approval		
	or and outdoor physical weather conditions	activity including	Procedures for supporting inclusive services		
Procedures for par	ents to participate in o	peration activities	Procedures for parents to contact Child Care Licensing (CCL), DFPS, Child Abuse Hotline, and CCL website		
5. Meals:					
I understand that the	following meals will be	served to my child wh	ile in care (Check all that apply):		
☐ None ☐ Brea	akfast	snack 🗌 Lunch [	Afternoon snack Supper Evening snack		
6. Days and Times in	n Care:				
My child is normally in	care on the following	days and times:			
Day of the Week	A.M.	P.M.			
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					
By enrolling my child in the program, I understand and agree to follow all policies outlined in the parent handbook (provided to you at registration). By signing, you give your child permission for the following:To be photographed/videotaped for YMCA or United Way purposes (no names will be released). To participate in water activitites, including swimming (life jackets will be provided to those who need them). To be treated medically by a physician and transported to a hospital (in the event of an emergency).To be transported by YMCA buses for field trips. I hereby, for my self and child, waive and release any and all rights and claims, which I may have, or which may accrue against the YMCA of San Angelo, its perspective officers, agents, sponsors, or any employees for any injury which may be suffered in connection with my childs participation in these activities. I hereby acknowledge that this program provides no insurance coverage, and my own insurance will be used in case of any accident.					
Parent/Guardian S	ignature:		Date:		

Child's Special Care Needs (check all	that apply)			
☐ Environmental allergies		Limitations or restrictions or	n child's activities	
☐ Food intolerances		Reasonable accommodatio	ns or modifications	
Existing illness		Adaptive equipment (includ	e instructions below)	
☐ Previous serious illness		Symptoms or indications of	complications	
☐ Injuries and hospitalizations (past 12	? months)	☐ Medications prescribed for o	continuous long-term use	
Other:				
Explain any needs selected above:				
Does your child have diagnosed food all	lergies? OYes ONo Foo	od Allergy Emergency Plan Subn	nitted Date:	
Child day care operations are public acc www.ada.gov/resources/child-care-cent may call the ADA Information Line at (80	ers/. If you believe that such an	operation may be practicing disc		
Signature — Parent or Legal Guardia	n	Date Signed		
School Age Children				
My child attends the following school:			School Area Code and Phone No.:	
My child has permission to (check all the	at apply):			
☐ walk to or from school or home ☐	ride a bus be released to	the care of his or her sibling und	er 18 years old	
Authorized pick up or drop off locations other than the child's address:				
Child's required immunizations, visio	n and hearing screening, and Ti	B screening are current and on f	ile at their school.	
	Authorization For Emer	gency Medical Attention		
In the event I cannot be reached to arra	nge for emergency medical care	e, I authorize the person in charg	ge to take my child to:	
Name of Physician	Address		Phone No.	
Name of Emergency Care Facility	Address		Phone No.	
I give consent for the facility to secure any and all necessary emergency medical care for my child.				
Signature — Parent or Legal Guardia	ш	Date Signed		

	Re	quirements for Exclusion from	Compliance		
		stating that I decline immunizations			
form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.  I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or					
	ched a signed and dated affidavit enomination that I am an adheren		eening conflicts with the ten	ets or practices of a church or	
<u> </u>					
		Vision Exam Results			
Right Eye 20/	Left Eye 20/	ss			
Ciamatuma		Data Circus			
Signature		Date Signe	eu .		
		Hearing Exam Result	s		
Ear	1000 Hz	2000 Hz	4000 Hz	Pass or Fail	
Right				O Pass O Fail	
Left				Pass Pail	
Ciamatuma		Data Circus			
Signature		Date Signe	<b>9</b> 0		
Admission Re	equirement				
		school away from the child care ope		must be presented when your	
	•	ithin one week of admission. (Select	•		
	e Professional's Statement: I have day care program.	e examined the above named child v	vithin the past year and find	that he or she is able to take	
	, , ,	ofessional's statement is attached.			
Medical dia	ignosis and treatment conflict with	the tenets and practices of a recog	nized religious organization,	which I adhere to or am a	
member of.	I have attached a signed and dat	ted affidavit stating this.			
My child ha	is been examined within the past y	year by a health care professional a re professional's signed statement a	nd is able to participate in the	e day care program. Within 12	
Inontino or e	damission, i wiii obtain a neatti ca	ne professionals signed statement a	and Submit it to the office care	ороганоп.	
Name of Healt	h Care Professional, if selected	Address of Health C	are Professional, if selected		
Signature — H	lealth Care Professional	 Date Signed			
		Ü			
0:	N				
Signature — P	Parent or Legal Guardian	Date Signed			

## **Demographics**

#### 2023-2024 After School Program

While this section is optional, the inofrmstion collected will help us understand the families who use our program and assist us in applying for funding support. Failure to complete this section will not affect the service your child receives. This page will be separated from your child's enrollment form for confidentiality.

Child inform	nation:				
Gender:		Age:		How many years has your child attended our After School Program?	
School child atter	nds:	•	Grade for 2023-20	24 year:	Does your child receive free/reduce lunch at school?
	American Indian		Asian or Pacific Isla	ander	Black or African American
Race	Hispano/Latino/Latina		White or Caucasian	n	Multi-racial
Parent/ Gua	ardian #1				
Gender:		Age:		Highest education level:	
	American Indian	•	Asian or Pacific Isla	ander	Black or African American
Race	Hispanic/Latino/Latina		White or Caucasian	n	Multi-racial
Parent/ Gua	ardian #2				
Gender:		Age:		Highest education level:	
	American Indian		Asian or Pacific Isla	ander	Black or African American
Race	Hispanic/Latino/Latina		White or Caucasian	n	Multi-racial





#### SAN ANGELO YMCA CHILDCARE BANK DRAFT

Account Holders Name:	Bank Name:	
Account Holders Address:	City:	Zip:
Child's/Children's Name & DOB:		
Bank Draft		
Type of Account: Checking (A voided ch	heck must be attached.)	<del></del>
Saving (A savings dep	posit slip must be attached.)	
Routing/Transit Number:	Account Number: _	
Draft Date: 5th of each month   20t	th of each month   Weekly on Friday	/
Draft will begin on: the _	at the rate of \$ per month.	
Debit/Credit Card:		
Card Type: MasterCard Visa		
Cardholder Name(as shown on card):	(must r	natch ID)
Card Number:		
Expiration Date (mm/yyyy):	CSV:	
Draft Date: 5th of each month   20t	th of each month     Weekly on Friday	/
Draft will begin on: the	at the rate of \$ per month.	

- 1. I understand that this transfer will occur monthly on the 5th, 20th, or Friday, according to my selection.
- 2. I understand that if I choose to terminate, change bank accounts, switch bank institutions, alter account types, or modify childcare plans, I must provide the Y with a written notice two weeks in advance of the requested change to allow for the change to take effect.
- 3. I understand that if my payment is returned for non-sufficient funds (NSF) for any reason, I will be charged \$25 non-sufficient funds (NSF) processing fee.
- 4. I understand that if my account has a late pick-up fee or a late payment fee, the amount will be drafted from my account on the next draft date.
- 5. I understand that if three items are returned, I will no longer be eligible to use the automatic payment option. In such case, my account will be required to pay the full month in advance using cash or a money order.
- 6. I hereby request and authorize the Y to withdraw from my account to pay my program fees.

Account Holders Signature		Date:
---------------------------	--	-------

### **Payment Acknowledgement Form**

By signing this page, you are acknowledging and agreeing to following the following payment terms and procedures as per the Parent/Participant Handbook:

- All payments are due the Friday before the following week.
- Accounts two or more weeks past due may be terminated.
- There are no adjustments for days or weeks the child does not attend the program.
- If payment is late, the childcare accounts manager needs to be notified before is due and a determination will be made for payment arrangement dates.
- This applies to children that are registered in the CCS program.
- When an automatic bank draft or check is returned for Non-Sufficient Funds (NSF) a \$25.00 (return fee) charge will be added to the account; balance must be paid immediately before child may return to the program.

If you have any questions regarding your account and payments, please contact Arlene Pagan, Childcare Accounts Manager at (325)655-9106 or apagan@ymcasanangelo.org

Thank you for choosing the YMCA to meet all of your childcare needs!

Child(ren)'s Name	 		
School Attending			
Parent Signature		Date	



#### **Enrollment Form**

Center Name:	Site Code:				
Child's Name:		_ Date of Birth://			
Admission date:// Withdra	wal Date://_	Classroom:			
1. Circle the days that your ch	ild will <u>normally</u> att	tend the center:			
Mon Tue Wed	Thu Fri Sat	Sun			
2. Circle the meals <u>normally</u> se	rved to your child	in the center:			
Breakfast AM Snack Lunch	PM Snack Supp	per Evening Snack			
3. What hours will your child <u>r</u>	ormally be in the c	enter:			
:	_ to:				
4. Participant's ethnic and rac	ial identities				
Ethnicity (choose one ethnic identi					
☐ Hispanic or Latino ☐ No	ot Hispanic or Latino				
Race: (choose one or more racial i	dentities):				
☐ Asian ☐ Americ	an Indian or Alaska Native				
☐ White ☐ Native	Hawaiian or Other Pacific Is	slander			
☐ Black or African American					
Parent Signature	Date of Signature	e Day Time Phone Number			
1)		_ ()			
2)		_ ()			
3)		_ ()			
4)		()			

Updated 6-2022 F R P

reprisal or retaliation for prior civil rights activity.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or

# INSTRUCTIONS FOR CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (CHILD CARE)

#### Follow these instructions, if your household gets SNAP, TANF or FDPIR:

- Part 1: List all enrolled children and household members.
- **Part 2:** List the eligibility number for any household members (including adults) receiving SNAP or TANF or FDPIR benefits. The SNAP or TANF number must be the 8 or 9 digit EDG# assigned by HHSC.
- Part 3: Skip this part.
- Part 4: Skip this part.
- **Part 5:** Sign the form. The last four digits of a Social Security Number are **not** necessary.
- Part 6: Answer this question if you choose.
- Part 7: Answer this question if you choose.

#### If you are applying on behalf of a FOSTER CHILD, follow these instructions:

If **all** children you are applying for are foster children, or if you are only applying for benefits for the foster child:

- Part 1: List all foster children. Check the box indicating that the child is a foster child.
- **Part 2:** Skip this part.
- Part 3: Skip this part.
- **Part 4:** Skip this part.
- Part 5: Sign the form. A Social Security Number is **not** necessary.
- Part 6: Answer this question if you choose.
- Part 7: Answer this question if you choose.

If some of the children in the household are foster children.

- **Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box." Check the box if the child is a foster child.
- Part 2: If the household does not have an eligibility number, skip this part.
- Part 3: Applies only to parents/guardians of children in Tier II Day Care Homes. Sponsors must provide the List of Eligible Federal/State Funded Programs (H1660), with this form to households with children enrolled in Tier II Day Care Homes. Parents/Guardians can enter the program name and number as applicable.
- Part 4: Follow these instructions to report total household income from this month or last month.
  - **Column A Name:** List only the first and last name of **each** person living in your household who share income and expenses, related or not (such as grandparents, other relatives, or friends who live with you) with income. Include yourself and all children living with you. Attach another sheet of paper if you need to.
  - **Column B Gross Income and How Often it was Received:** For each household member, list each type of income received for the month. You must tell us how often the money is received weekly, every other week, twice a month, or monthly.
    - Box 1: List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.
    - Box 2: List the amount each person got from the month from welfare, child support, alimony.
    - **Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, TANF, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

Part 7: Answer this question if you choose.

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

**Part 1:** List all enrolled children and household members. For any people, including children, with no income, you must check the "No Income Box."

Part 2: Skip this part.

Part 3: Skip this part.

Part 4: Follow these instructions to report total household income from this month or last month.

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

**Column B – Gross Income and How Often it was Received**: For each household member, list each type of income received for the month. You must tell us how often the money is received – weekly, every other week, twice a month, or monthly.

**Box 1:** List the gross income, not the take-home pay. Gross income is the amount earned before taxes and other deductions. You should be able to find it on your stub or your boss can tell you.

Box 2: List the amount each person got from the month from welfare, child support, alimony.

**Box 3:** List retirement, Social Security, Supplemental Security Income (SSI), Veteran's (VA) benefits, disability benefits.

**Box 4:** List ALL OTHER INCOME SOURCES including Worker's Compensation, unemployment, strike benefits, regular contributions from people who do not live in your household, and any other income. *For ONLY the self-employed, report income after expenses in Box 1*. Box 4 is for your business, farm or rental property. Do not include income from SNAP, FDPIR, WIC or Federal education benefits. If you are in the Military Housing Privatization Initiative or get combat pay, do not include this housing allowance as income.

**Part 5:** Adult household member must sign the form and list the last four digits of the Social Security Number or mark the box if s/he doesn't have one.

Part 6: Answer this question if you choose.

**Part 7:** Answer this question if you choose.

**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.



#### **CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

Part 1. All Household Members					
Name of Enrolled Child(ren):					
Names of all household members (First, Middle Initial, Last)			LEGAL RE WELFARE * IF ALL C ARE FOST	A FOSTER CHILD (THE SPONSIBILITY OF A AGENCY OR COURT) HILDREN LISTED BELOW ER CHILDREN, SKIP TO DIGN.	CHECK IF NO INCOME
					+=
					<u> </u>
Part 2. Benefits: If any member of y	our household receive	SNAP TANE	<u>l ∐</u> or EDPIR or	ovide the name and eligibili	ty number for the
person who receives benefits. If no	one receives these be	enefits, skip to	part 3.	-	
Part 3. (Applies only to parents/gu benefits listed on the enclosed <i>List of</i> number: NAME:  Check here if no eligibility number	f Fligible Federal/State	Funded Program	ns (H1660) r	rovide the name of the prov	aram and eligibility
Part 4. Total Household Gross Inco	ome—You must tell u	s how much an	d how often		
	B. Gross income and				
A. Name	Note: Self-employed  1. Earnings from work			s in box 1  3. Pensions, retirement,	4. All Other Income
(List <b>only</b> household members with income)	before deductions	alimony	та заррогі,	Social Security, SSI, VA benefits	4. All Other Income
(Example) Jane Smith	\$200/weekly	\$150/twice a m	onth	\$100/monthly	\$200/bi-monthly
Jane Smith	\$	\$/	_	\$/	\$
	\$	\$/		\$/	\$
	\$/	\$/_		\$/	\$
	\$/	\$/		\$/	\$/
	\$/	\$/		\$/	\$/
Part 5. Signature and Last Four Di An adult household member must si of his or her Social Security Numb next page.)  I certify that all information on this fo Federal funds based on the information	gn this form. If Part 4 is per or mark the "I do i rm is true and that all ir	s completed, the not have a Social accome is reported	e adult sign al Security N	ing the form must also list lumber" box. (See Privacy and that the center or day can	Act Statement on the
purposely give false information, the	participant receiving m	neals may lose ti	he meal bene	fits, and I may be prosecute	ed.
Sign here:					<del></del>
Date:					
Address:	PhoneN		Number:		
City:		State: _		Zip Code:	
Last four digits of Social Security Nu	ımber: * * * - * *	_	□ I do notha	ave a Social Security Numbe	ır



#### **CACFP MEAL BENEFIT INCOME ELIGIBILITY FORM (Child Care)**

Dart & Participant's otherican	l racial identities /	tional\					
Part 6. Participant's ethnic and Mark one ethnic identity:	Mark one or more rad						
Hispanic or Latino	Asian		ican Indian or	· Alaska Native	:		
☐ Not Hispanic or Latino	White	☐ Nativ		Other Pacific			
Dest 7. Objects a lafe week to Mile	Black or African Ar	merican					
Part 7. Sharing Information With Other Programs: OPTIONAL  The above information may be disclosed for the purpose of enrolling children in the Children's Health Insurance Program (CHIP).  Parents/guardians are not required to consent to such disclosure and electing not to allow disclosure will not adversely affect a child's eligibility.							
☐ I do elect to allow my household information to be disclosed.							
☐ I <u>do not</u> elect to allow my I		on to be disclosed.					
Don't fill out this part. This is f							
Annual Inco	me Conversion: Weel	kly x 52, Every 2 We	eks x 26, Twic	ce A Month x 2	4, Monthly x 12	2	
Total Income: Pe	r: 🛘 Week, 🗘 Every 2	Weeks, 🗖 Twice A	Month, 🗖 Mo	nth, <b>□</b> Year	Household s	ize:	
Categorical Eligibility: Date	Withdrawn:	Eligibility: Free	Reduced	_ Denied	Tier I	Tier II	
Reason:							
Determining Official's Signature:	:				Date:		
Confirming Official's Signature:					Date:		
Follow-up Official's Signature:			Date:				
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 the participant for free or reduced price meals. You must include the last four digits of 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), Temporary Assistance for Needy Families (TANF) Program or Food Distribution Program on Indian Reservations (FDPIR) eligibility number for the participant or other (FDPIR) identifier 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 the participant 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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.							
Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.							
To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <a href="https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf">https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf</a> , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:							
(1) mail: U.S. Department of Agr Office of the Assistant Secret 1400 Independence Avenue, Washington, D.C. 20250-9410	ary for Civil Rights SW	2) fax: (833) 256-16	65 or(202) 69	00-7442; or (3)	email: <u>progran</u>	n.intake@usda.gov.	
This institution is an equal oppor	tunity provider.						



# ONLINE STEPS TO REGISTER/MAKE PROGRAM PAYMENTS, VIEW PAYMENT HISTORY AND ACCOUNT BALANCE.

If you are interested in making an online payment for Programs such as Sports, Child Care, view/print tax statements or view your payment history, please follow the instructions below.

Go to the YMCA website (ymcasanangelo.org) and click on "Online Registration" on the bottom right side of the homepage.

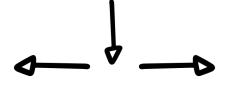
Click "Login" on the top right corner and enter either the phone number or email address that is associated with your account. <u>DO NOT CREATE A NEW ACCOUNT IF YOU HAVE BEEN</u>

REGISTERED WITH THE YMCA FOR ANY PROGRAMS!

\*\*\*<u>If you are unsure which phone number or email address to use, please call the YMCA front</u>

<u>desk, and the Welcome Center staff will be more than happy to help.</u>\*\*\*

Follow these steps if you know your password



Follow these steps if you don't know your password

- 1. To pay your child care balance, click on My Balance at the top of the screen. Click Pay Balance Due.
- 2. To view your current or past program registrations, click My Registrations. Select Current/Upcoming or Past to display registrations.
- To register for programs, click the link for Program Registrations to register for a Program. Note: child care registrations are processed inhouse.
- 4. To view Payment History, click on the Payment History Link.

- 1. After you put your email or phone number in, click on "Forgot your password?"
- 2. You will have two options to choose from, select the option that works for you
- 3. Instruction will be sent to your email, if you chose for a reset link
- 4. If you choose for a code to be sent through text or email, enter code on on web page



\*\*\*If you have a past due balance, you will be unable to register for any programs\*\*\*

