

**CHILD CARE ASSISTANCE PROGRAM
Y-CCAP APPLICATION
2006-2007 ENROLLMENT**

Name of Parent: _____

Home Address: _____

Town/State/Zip: _____ **Work Phone:** _____

Please answer the following questions:

- Is your child(ren) enrolled in either the Cambridge YMCA Preschool or Afterschool program?

- Do you work in Cambridge? _____
- Are both you and your spouse working or in school? _____
- Total number of persons in the household: _____
- Please list any other sources of weekly amounts of income received, (e.g. child support, alimony, TANF): _____
- Total household gross monthly income: _____

Child(ren) enrolled in the Cambridge YMCA program(s):

FULL NAME:	DATE OF BIRTH:	Please indicate the YMCA Program in which your child will be enrolled:
1. _____	____/____/____	<input type="checkbox"/> Preschool <input type="checkbox"/> Afterschool
2. _____	____/____/____	<input type="checkbox"/> Preschool <input type="checkbox"/> Afterschool
3. _____	____/____/____	<input type="checkbox"/> Preschool <input type="checkbox"/> Afterschool

Note: The following information must be submitted along with this request in order to be considered for scholarship funds.

- 1. A copy of your most recent Federal Income Tax Return along with a current pay stub for each wage earner in the household. Or, a month's worth of the most recent consecutive pay stubs for each wage earner in your household.**
- 2. A copy of the most recent receipt or cancelled rent check.**
- 3. A copy of any/all documentation regarding other income sources.**
- 4. A copy of each participating child's birth certificate.**

**Cambridge YMCA (Y-CCAP)
Child Care Assistance Program
PARENT PARTICIPATION AGREEMENT**

Name of Parent: _____

Address: _____

Town/State/Zip: _____

Home Phone: _____ Work Phone: _____

Name of Child: _____ Date of Birth: _____ Age: _____

Name of Child: _____ Date of Birth: _____ Age: _____

1. Parents are fully responsible for any childcare costs beyond the amount provided by the Child Care Assistance Program. The amount provided by the Program will be determined by the Child Care Resource Center, Inc (CCRC).
2. Parents must inform CCRC within 30 days of any changes in their adjusted gross family income.
3. Parents must inform CCRC within 30 days if they withdraw from the YMCA.
4. Child Care Assistance Program payments are available to eligible families only while they are attending a program at the Cambridge YMCA.
5. CCRC may verify adjusted gross family income.
6. In the even that the information provided by a parent is not correct or complete, CCRC retains the right to terminate that parent's participation in the Child Care Assistance Program.
7. The Parent hereby releases and holds harmless the Cambridge YMCA and the Child Care Resource Center, Inc. and their agents, employees, and staff from all claims, obligations and liability of any kind arising out of the parent's children's use of and participation in the Child Care Assistance Program, including but not limited to transportation to and from and participation in outdoor and off-premises activities. The parent hereby agrees to indemnify and hold harmless the Cambridge YMCA and the Child Care Resource Center, Inc. from and against any and all claims, injury, loss and liability arising from the acts of the employee's children.

I have read the above conditions and agree to the provisions therein. I certify that all information provided is factually correct to the best of my knowledge.

Signature of Parent: _____ Date: _____

