

GILROY YOUTH CENTER: AFTERSCHOOL PROGRAM - FALL 2021

September 20, 2021 – December 16, 2021

MONDAY-THURSDAY 3:15PM-6:00PM

*WEDNESDAY 1:05PM-6:00PM



227 IOOF Avenue
Gilroy, CA 95020
(669) 888-5214 or (408) 422-7392



Participant: _____, _____, _____
Last Name
First Name
Middle Name
Shirt Size

Date of Birth (Month/Date/ Year): ____/____/____ Participant's Age: _____ Participant Grade _____

School Participant Attends: _____

Parent/Guardian #1: _____, _____ Parent/Guardian #2: _____, _____
Last Name
First Name
Last Name
First Name

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Contact Email Address: _____

Emergency Contact(s): *Please fill in as many as possible.*

Name: _____ Relation: _____ Phone #1: (____) _____ Phone #2: (____) _____	Name: _____ Relation: _____ Phone #1: (____) _____ Phone #2: (____) _____
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Does the participant have any special needs, limitations, allergies, or a request for accommodations? _____

WAIVER & RELEASE OF LIABILITY: The undersigned, in consideration of participation in this program, agrees to indemnify and hold the Recreation Department harmless and release the Recreation Department from any and all liability for any injury or loss which may be suffered by the above named individual in this program. I have read the above application and am in agreement and fully understand that I assume all risks for any injuries received. I have followed all procedures for stated under Registration Procedures. I certify that all the above information is true and accurate. I understand that the City of Gilroy does not discriminate on the basis of race, color, national origin, religion, sexual orientation, gender identity, disability, age, or familial status in the administration of its programs or activities. Number for the hearing impaired is (800) 735-2929. I agree to follow and abide by all program policies, safety regulations, and program rules to ensure a safe and successful environment for all program participants.

Name _____ Signature: X _____ Date: _____



GILROY YOUTH CENTER AFTER-SCHOOL PROGRAM REGISTRATION FORM

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THIS PARENT/GUARDIAN AGREEMENT IS REQUIRED FOR ALL GILROY YOUTH CENTER AFTERSCHOOL PROGRAM PARTICIPANTS.

- 1. Signing in and out:** I understand I must check-in/check-out my child in-person **each day at 2:30pm** at the screening table. Only participants and staff will be allowed entry into the facility. I understand that under orders of Santa Clara County Public Health, if my child shows symptoms related to COVID-19 (fever/chills, cough, congestion or runny nose, nausea, etc.) at daily screening, they will not be permitted entry and will be instructed to be tested.
- 2.** I understand that under orders of Santa Clara County Public Health, if my child shows symptoms related to COVID-19 (fever/chills, cough, congestion or runny nose, nausea, etc.) at any time during program, they will be isolated from the group and I will be notified immediately for the child to be picked up by the parent/guardian. All families will be notified immediately of any positive COVID-19 case of program participants or staff.
- 3.** I understand that if my child has underlying conditions such as seasonal allergies, etc., exhibiting similar symptoms as COVID-19, I must provide a doctor's note validating the child's condition's before they are permitted entry into the program.
- 4.** My child is required to wear face covering at all times during program unless directed otherwise during specific activities: Snack time, outdoor physical activities, or unless directed by medical necessity by their medical provider.
- 5.** In partnership with the YMCA and Revolution Foods we provide a free daily healthy meal for every participant; children will not be allowed to bring outside food items with them. If the child has a specific dietary restriction, this must be communicated with staff and arrangements made prior to participation.
- 6.** Due to grant requirements, I understand that **late arrivals and early pick-ups are not allowed.** I will notify site staff of student absences in advance, and if possible provide a note. **Removal from program:** If child has three **(3) unexcused absences**, they will be removed from program to enroll wait-list participants (absences due to emergencies require notification). I understand that if my student **arrives late and/or is picked up early on more than three (3) occasions**, they will be removed from the program and will be placed on a waitlist and I will have to re-submit a new registration form. **Unexcused Absences:** absences without proper notification and/or absences due to vacation, not wanting to attend, etc.
- 7. Late Fee:** I agree to pay \$1.00 per minute **after 5:35pm** if I am late picking up my student. An invoice will be given to you at the time of pick-up. From the date of the invoice, you will have 10 business days to make the payment. Payment will not be accepted at the Youth Center. All payments must be made at the City of Gilroy's Recreation Division office, 7351 Rosanna Street, or by phone at (408) 846-0460. **If payment is not received within the 10 business days from date of invoice, your child will be unable to attend the Youth Center until payment is received.** This may include removing your child from program
- 8.** I will notify my child's site staff of any changes in my phone number, emergency numbers, and or/address.
- 9. Program Rules: DAILY ATTIRE:** Casual shirts, jeans, or shorts are acceptable. However, NO short shorts, NO crop tops, NO sandals
- 10. Behavior: Participants need to respect all other participants, equipment, facility, and staff;** inappropriate language, leaving without permission, overt defiance, fighting/physical aggression, harassment or bullying, and being disruptive will not be allowed. Program Staff reserve the right to call parents and notify them to pick youth up for inappropriate behavior or dress code.
- 11. Disciplinary Consequences:** GYC Program is a safe place for all participants. Staff takes the **Code of Conduct Rules and Consequences** very seriously in order to keep all program participants safe. **STEPS OF ACTION: 1st Corrective Action:** Verbal Restorative Conversation with Youth and reinforcement of expectations. **2nd Corrective Action:** Physically hurting another student, defiance of social distancing, and/or face covering requirements could/will result an immediate suspension, or expulsion from the program.
- 12.** I understand that if my child is overly defiant or does not comply with the required rules and guidelines, they will be removed from the program and I will be notified to pick up my child immediately

I HAVE READ AND REVIEWED THE PARENT AGREEMENT WITH MY STUDENT. I UNDERSTAND AND AGREE TO THE ABOVE PARENT AGREEMENT.

Name: _____ Signature: _____ Date: _____



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PLEASE SELECT 1 PROGRAM SESSION OF PARTICIPANT'S INTEREST. ENROLLMENT IS ON A FIRST COME, FIRST SERVE BASIS. SPACE IS LIMITED AND AVAILABLE SPACES WILL BE FILLED BY WAITLIST IN ORDER OF RECEIPT.

CLASE #	FECHAS	INSCRIBIRSE <hr/>
Sesión 1A	MONDAY, TUESDAY, THURSDAY 3:15PM-6:00PM September 20 – December 16	<input data-bbox="1518 613 1663 740" type="checkbox"/>
	WEDNESDAY 1:05PM-6:00PM September 22 – December 15	



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2021 Income Eligibility Guidelines

Circle the total number of family members in the household and the annual household income for all adult income earning family members over the age of 17.

TAMAÑO DEL HOGAR	LÍMITE DE INGRESOS EXTREMADAMENTE BAJO	LÍMITE DE INGRESOS MUY BAJO (50%)	BAJO LÍMITE DE INGRESOS (80%)	POR ENCIMA DE BAJO INGRESO
1 Persona	33,150 o menos	33,151 – 55,300	55,301 – 78,550	78,551 o mas
2 Personas	37,900 o menos	37,901 – 63,200	63,201 – 89,750	89,751 o mas
3 Personas	42,650 o menos	42,651 – 71,100	71,101 – 100,950	100,951 o mas
4 Personas	47,350 o menos	47,351 – 78,950	78,951 – 112,150	112,151 o mas
5 Personas	51,150 o menos	51,151 – 85,300	85,301 – 121,150	121,151 o mas
6 Personas	54,950 o menos	54,951 – 91,600	91,601 – 130,100	130,101 o mas
7 Personas	58,750 o menos	58,751 – 97,900	97,901 – 139,100	139,101 o mas
8 Personas	62,550 o menos	62,551 – 104,250	104,251 – 148,050	148,051 o mas

Due to federal requirements, we’re required to receive documentation from our participant families to support income condition. In turn, this allows the Youth Center to receive annual grant funding which provides for free services to the community.

Please check and submit proof of ONE of the following:

- 1. **GUSD free or reduced lunch eligibility (PREFERRED METHOD).**
- 2. Cash aid (TANF, General Assistance, CalWORKS).
- 3. Food stamps eligibility (CalFresh) (to qualify for the Gilroy Youth Center Summer Program, the income level in the letter must fall within the income limits above based on household size).
- 4. Medi-Cal eligibility letter (CalFresh) (to qualify for the Gilroy Youth Center Summer Program, the income level in the letter must fall within the income limits above based on household size).
- 5. Family resides in low-income housing (section 8 housing voucher or tenant based section 8) or proof of residence in Sobrato Transitional Apartments.
- 6. SSI benefits.
- 7. Job Training Partnership Act (JTPA).
- 8. Written notice from a shelter (evidence of being homeless) or from other federal, state, or county or other entity.

ALL INFORMATION SUBMITTED IS CONFIDENTIAL AND SUPPORTS GRANT AUDIT REQUIREMENTS.



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Ethnicity/Race/ Disability Data Collection Form

There is no penalty for applicants who choose not to fill out this form. Definition of Ethnicity/Race/ Disability categories may be found below. Gilroy Youth Center does not discriminate on the basis of race, color, religion, national origin, sex, disability, sexual orientation, gender identity, or familial status in the administration of its programs or activities. This information is for data collection purposes for grant audit requirements. Thank you.

ETHNIC CATEGORIES: (check one)

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term "Spanish origin" can be used in addition to "Hispanic" or "Latino".

Not Hispanic or Latino

A person not of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

RACE CATEGORIES: (check one or more)

American Indian or Alaska Native

A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian

A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent including, for example: Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

Black or African American

A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or "African American".

Native Hawaiian or Other Pacific Islander

A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands

White

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

DISABILITY STATUS: (circle one)

Do you identify as an individual with a disability? Yes No

Inter Office Use Only: Applicants should not fill out this section

Did the applicant choose to self-identify ethnic categories? Yes No

Did the applicant choose to self-identify race categories? Yes No

Did the applicant choose to self-identify disability status? Yes No

Did the applicant submit the application via mail, fax, email, or other manner which was not in person? Yes No