



**YMCA OF GREATER ERIE  
APPLICATION FOR TEEN CENTER**

YMCA MEMBER       NON-MEMBER

*Office use only:*  
 School ID was checked:  Yes     No  
 Staff Initials who checked ID: \_\_\_\_\_  
 \*Staff make copy of ID and attach to application.  
 CDBG Member:  Yes     No

School Currently Attending: \_\_\_\_\_ Grade/Classroom: \_\_\_\_\_

<b>TEEN INFORMATION</b>			
Teen's Name	Date of Birth	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Teen's Address	City <b>Erie</b>	State <b>PA</b>	Zip
Teen's E-mail Address		Teen's Cell Phone	
<p>Erie School District grants access to parents and students to track their school progress. We are asking that our staff also be given permission to access your child's academic records so we can better assist them with any issues they may have.</p> <p align="center"> <input type="checkbox"/> No, you do not have my permission to access my child's academic records  <input type="checkbox"/> Yes, you have my permission to access my child's academic records         </p>			
School ID:		Password:	
<b>PARENT INFORMATION IS REQUIRED ON BOTH PARENTS.</b>			
Mother's Name/Legal Guardian	Home Phone	Cell Phone	
Address	City/State/Zip	E-mail address	
Father's Name/Legal Guardian	Home Phone	Cell/Pager	
Address	City/State/Zip	E-mail address	
<b>TEEN'S MEDICAL INFORMATION</b>			
Name of Teen's Physician/Medical Care Provider	Phone	Fax	
Address	City	State	Zip
Medication(s)	Allergies		
Medical or Dietary Information Necessary in Emergency Situation	Special disabilities		
Other information necessary for the care of your child <input type="checkbox"/> ADHD <input type="checkbox"/> Asthma <input type="checkbox"/> Learning Disability <input type="checkbox"/> Diabetes Other: _____	Other information on special needs of child		
Health Insurance Coverage or MA benefits <b>(REQUIRED)</b>	Policy Numbers <b>(REQUIRED)</b>		
<b>PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT</b>			
Obtaining Emergency Medical Care	X		
Minor First Aid Procedures	X		
Transportation by the Facility	X		
Swimming and/or Wading	X		
Consent to be Photographed for Promotion	X		
Consent to be Videotaped for Promotion	X		

Emergency Contact Information			
Name	Address	Phone	Relationship

**The YMCA Teen Center gets funding by many different groups and organizations and the following questions are used for funding and grants purposes ONLY.**  
***ALL*** of these questions ***MUST*** be completed

**RACE:** *Please check all that apply*

<input type="checkbox"/> American Indian / Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black / African American
<input type="checkbox"/> Native Hawaiian/ Pacific Islander	<input type="checkbox"/> White / Caucasian	<input type="checkbox"/> Other:

**ETHNICITY:** *Must check one*

<input type="checkbox"/> Hispanic (Chicano / Latino)	<input type="checkbox"/> Non – Hispanic
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**HOUSEHOLD TYPE:** *Must check one*

<input type="checkbox"/> Single Parent Household	<input type="checkbox"/> Two (2) Parent Household
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**HEAD OF HOUSEHOLD:** *Must check one*

<input type="checkbox"/> Male	<input type="checkbox"/> Female
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**INCOME LEVEL:** *Please use the box that matches the number in your household.*

	2 Person Household	3 Person Household	4 Person Household	5 Person Household
(1)	<input type="checkbox"/> \$0 to \$14,000	<input type="checkbox"/> \$0 to \$15,750	<input type="checkbox"/> \$0 to \$17,450	<input type="checkbox"/> \$0 to \$18,850
(2)	<input type="checkbox"/> \$14,001 to \$23,250	<input type="checkbox"/> \$15,751 to \$26,150	<input type="checkbox"/> \$17,451 to \$29,050	<input type="checkbox"/> \$18,851 to \$31,400
(3)	<input type="checkbox"/> \$23,251 to \$27,900	<input type="checkbox"/> \$26,151 to \$31,380	<input type="checkbox"/> \$29,051 to \$34,860	<input type="checkbox"/> \$31,401 to \$37,680
(4)	<input type="checkbox"/> \$27,901 to \$37,200	<input type="checkbox"/> \$31,381 to \$41,850	<input type="checkbox"/> \$34,861 to \$46,500	<input type="checkbox"/> \$37,681 to \$50,250
(5)	<input type="checkbox"/> \$37,201 & Above	<input type="checkbox"/> \$41,851 & Above	<input type="checkbox"/> \$46,501 & Above	<input type="checkbox"/> \$50,251 & Above
	6 Person Household	7 Person Household	8 Person Household	9 or above Household
(1)	<input type="checkbox"/> \$0 to \$20,250	<input type="checkbox"/> \$0 to \$21,650	<input type="checkbox"/> \$0 to \$23,050	<input type="checkbox"/> \$0 to \$24,000
(2)	<input type="checkbox"/> \$20,251 to \$33,700	<input type="checkbox"/> \$21,651 to \$36,050	<input type="checkbox"/> \$23,051 to \$38,350	<input type="checkbox"/> \$24,001 to \$40,000
(3)	<input type="checkbox"/> \$33,701 to \$40,440	<input type="checkbox"/> \$36,051 to \$43,260	<input type="checkbox"/> \$38,351 to \$46,020	<input type="checkbox"/> \$40,001 to \$64,000
(4)	<input type="checkbox"/> \$40,441 to \$53,950	<input type="checkbox"/> \$43,261 to \$57,700	<input type="checkbox"/> \$46,021 to \$61,400	<input type="checkbox"/> \$64,001 to \$80,000
(5)	<input type="checkbox"/> \$53,951 & Above	<input type="checkbox"/> \$57,701 & Above	<input type="checkbox"/> \$61,401 & Above	<input type="checkbox"/> \$80,001 & Above

Enrollment Date: \_\_\_\_\_ Termination Date \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of YMCA Staff Person: \_\_\_\_\_ Date: \_\_\_\_\_

**INFORMATION MUST BE UPDATED AS SOON AS POSSIBLE AFTER CHANGES OCCUR**



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# Teen Center Policies

## Caring

If you make a mess, clean it up.

## Honesty

If you are a Teen Center Member you must be with Teen Center Staff

If you are also a YMCA Member you should receive 2 wristbands

You **MUST** keep the red wrist band on while you are on YMCA property.

If you are caught without it, you will be required to leave for the day

## Respect

Please be considerate and aware of the language  
you use as you move throughout the building.

## Responsibility

You **MUST** sign in with the front desk upon arrival.

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TEEN NAME PRINT

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DATE

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TEEN SIGNATURE