



YWCA & Scholars on the Rise Community Tutoring Program

Child's Name and Age

Parent or Guardian Name(s)

Address, City, State, Zip Code

Telephone Number and Email Address

Emergency Contact Info

Name _____ Relationship to the Child _____

Emergency Contact's Telephone Number _____

Any Known Allergies (please list below) _____

Name of School and grade your child will be entering during the 2020-2021 School year

Most Current Grade in Reading _____ Most Current Grade in Math _____

Does your child have an IEP or a 504? _____

If yes, please provide a copy of the IEP/504 information so teachers may better assist your child.

Goals for upcoming school year? _____

Session(s) from 11am-2 pm on Thursdays, July 8, July 15, July 22, July 29, August 5 and August 12. Attendance is required at all sessions. Registration will be on a first come, first served basis. Class size is limited to 10 children.

Photo Release

I grant the YWCA of Alton and Scholars on the Rise Tutoring, the rights to use photographs or video of my child for promotional (YWCA website, catalogs, or Facebook) or news purposes (press releases).

Parent/Guardian Signature

Date

Pick Up Authorization

Please list any individuals (if any) other than parents and the above emergency contacts that are authorized to sign out the child.

Name: _____

Name: _____

Home Address: _____

Home Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: _____

Phone: _____

Relationship to child: _____

Relationship to child: _____

Please note: Copies of any court ordered custody arrangements must be on file with the YWCA to prevent a non-custodial parent from signing out the child.

New For this Year

Income Survey required this year due to grant funding for this program. Please complete the survey in entirety. Survey is at the end of this document.

This completed form may be emailed to YWCA at info@metroeastywca.org , faxed to 618.465.7782 or mailed/dropped off YWCA of Alton 304 E. Third St., Alton IL 62002.

Please call YWCA with any questions 618.465.7774.

**Madison County Community Development
U.S. Department of Housing and Urban Development
Community Planning and Development
Community Development Block Grant (CDBG)**

SELF CERTIFICATION OF ANNUAL INCOME BY HOUSEHOLD

Effective Date: _____

INSTRUCTIONS: This is a written statement from the beneficiary documenting the definition used to determine “Annual (Gross) Income”, the number of beneficiary members in the family or household (as applicable based on the activity), and the relevant characteristics of each member for the purposes of income determination. To complete this statement, select the definition of income used, fill in the blank fields below, and check only the boxes that apply to each member. Adult beneficiary members must then sign this statement to certify that the information is complete and accurate, and that source documentation will be provided upon request.

Race/Ethnic Group:

The following information is required by the U. S. Department of Housing and Urban Development for monitoring purposes. In order to monitor our compliance with HUD. The law provides that we may not discriminate on the basis of this information. However, if you choose not to furnish it, under Federal regulation we are required to note race and sex on the basis of visual observation or surname.

Definition of Income: HUD 24 CFR Part 5

1. **Program Beneficiary Name (program participant):** _____

2. **Household Member Information (list everyone residing in the household, regardless of relation)**

First Names:	Member IDs (if applicable):	HH	CH	DIS	62+	S≥18	<18	<15	Race	Hispanic
	1									
	2									
	3									
	4									
	5									
	6									

	7									
	8									
	9									
	10									
	11									
	12									

HH = Head of Household; **CH** = Co-Head of Household; **DIS** = Person with disabilities; **62+** = Person 62 years of age or older; **S≥18** = Fulltime student age 18 or over; **<18** = Child under the age of 18 years; **<15** = Minor under the age of 15 years; **Race Categories:** White, African American, Asian, American Indian/Alaska Native, Native Hawaiian/Other Pacific Islander, American Indian/Alaska Native & White, Asian & White, African American & White, American Indian/Alaskan Native & African American, Other Multi-Racial, Asian/Pacific Islander.

Contact Information

Address Line 1:	City:	
Address Line 2:	State:	Zip Code:

Income Information

Annual gross income (total of all members) = \$ _____

Certification

I/we certify that this information is complete and accurate. I/we agree to provide, upon request, documentation on all income sources to the HUD Grantee/Program Administrator.

Self Certification of Annual Income by Beneficiary:

Effective Date:

Beneficiary Name (program participant): _____

HEAD OF HOUSEHOLD

Signature	Printed Name	Date
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OTHER BENEFICIARY ADULTS*

Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date
Signature	Printed Name	Date

WARNING: The information provided on this form is subject to verification by HUD at any time, and Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony and assistance can be terminated for knowingly and willingly making a false or fraudulent statement to a department of the United States Government.

Madison County Community Development Anti-Discrimination Policy: Madison County Community Development and Community Development Block Grant Subrecipients are prohibited from discriminating on the basis of race, color, religion, national origin, disability status (including prior alcohol & illegal substance addictions), familial status, ethnicity, gender, gender Identity, language(s) spoken, literacy, sexual orientation or veteran status.

Discrimination is prohibited in delivery of services, program administration, and any enforcement mechanisms. No person shall on the ground of race, color, national origin (or any of the other items listed above) be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal funding and/or assistance.