



Summer Cultural Enrichment Program
June 26-August 4, 2017
\$100.00 PER CHILD NON-REFUNDABLE REGISTRATION FEE*
Additional program fees are based on household income

Dear Parent / Guardian,

Thank you for your interest in EOYDC's Summer Cultural Enrichment Program. As with every summer, this year's Summer Program promises to be fun, educational and exciting! We have a full schedule lined up that includes art, technology, math, and literacy, field trips and more.

If you have participated in the Summer Program in the past, please make note of a couple important changes below:

- ❖ We have shifted the participant age range to serve children ages 5-12
 - Children must have turned 5 years old by September 1, 2016; proof of birth date, such as a birth certificate, must be provided to register a 5 year old in the program
 - Children must be no older than 12 years old as of the start of the program
 - *Note: Youth ages 13-15 may register for EOYDC's free ASLA Teen Club Program; Youth grades 9-12 grades may register for EOYDC's Pathway to College & Careers Program; see front desk for more info*
- ❖ While the Summer Program costs approximately \$1600 per child over the course of the six weeks, we work hard to provide a high quality program at a low cost to our families. In addition to the non-refundable \$100 registration fee, there will be a program fee based on household income as noted below.
 - Low income (within 200% of Federal Poverty Limit) = \$0 (Program fee waived)
 - More than 200% above Federal Poverty Limit, but less than Alameda County median = \$160
 - Above Alameda County median income = \$400
- ❖ To ensure we are fulfilling our organization's mission, 70% of spaces will be reserved for low income families. Otherwise, spaces are available on a first come, first served basis
- ❖ The number of spaces available to non-Oakland residents are extremely limited—we will accept non-residents on a first come, first served basis according to the number of slots available; Proof of residency (such as recent utility bills) will be required.

In order to receive a reduced program fee rate, income verification must be provided. Acceptable forms of income verification include: most recent tax return, verification of unemployment benefits, verification of SSI, or public assistance verification. **If you do not provide valid proof of income, then you will receive the program rate of \$400 per child.**

All applicants must attend a **MANDATORY** meeting before the start of the Summer Program. For your convenience, there are three dates. If these dates change, we will contact you using the information provided on this application. Please make arrangements to attend **one** of these meetings, as **children who have not had a parent or guardian attend a meeting will not be accepted for enrollment.**

- ❖ June 3 from 12:30-2pm **for new parents/guardians**
- ❖ June 3 from 2:15-3:15pm **for returning parents/guardians**
- ❖ June 6 from 5-6:30pm **for new parents/guardians**
- ❖ June 6 from 6:45-7:45pm **for returning parents/guardians**
- ❖ June 8 from 5-6:30pm **for new parents/guardians**
- ❖ June 8 from 6:45-7:45pm **for returning parents/guardians**

At this meeting you will learn about how the program works, important dates, and program policies. In the meantime, please refer to the SCEP "Frequently Asked Questions" document for more information. We also encourage you to reach out to our staff with any questions or concerns you may have in advance.

Thank you for your interest and we hope to see you this summer!

Sincerely,



Regina Jackson
President & CEO

Summer Cultural Enrichment Program – Registration Form June 26-August 4, 2017

**NOTE TO PREVIOUS PARTICIPANTS: Applications for previous participants are subject to review.
Acceptance into the Summer Program is based upon prior conduct and behavior.*

In addition to this SCEP application, you must complete a general EOYDC participant form for your child. If you have filled out a general EOYDC participant form in the past, you will still need to fill out a new form to make sure that all information is up to date.

PLEASE PRINT CLEARLY

DATE SUBMITTED: _____

CHILD'S FULL NAME _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

HOME PHONE: _____

AGE: _____ DATE OF BIRTH: _____

Do they have any siblings (brothers/sisters) registering for the program?

No _____ Yes _____ (If yes, please list their name(s) below)

*Are there any special considerations our staff should be aware of to better serve you, such as a Medical Condition?
No _____ Yes _____ (If yes, please explain)*

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In addition to the non-refundable \$100 registration fee, program fees must be received in full prior to the start of the Summer Program. Program fees are based on household size and income. Please circle the number of people in your household along with your annually income range on the chart below.

Number of Persons in Household						
2	3	4	5	6	7	8
\$0 - \$21,983	\$0 - \$27,724	\$0 - \$33,465	\$0 - \$39,205	\$0 - \$44,946	\$0 - \$50,687	\$0 - \$56,428
\$21,984 - \$31,860	\$27,725 - \$40,180	\$33,466 - \$48,500	\$39,206 - \$56,820	\$44,947 - \$65,140	\$50,688 - \$73,460	\$56,429 - \$81,780
\$31,861 - \$74,800	\$40,181 - \$84,150	\$48,501 - \$93,500	\$56,821 - \$101,000	\$65,141 - \$108,450	\$73,461 - \$115,950	\$81,781 - \$123,400
\$74,801+	\$84,151+	\$93,501+	\$101,001+	\$108,451+	\$115,951+	\$123,401+

Are there any additional financial hardships that you wish to be considered?

No _____ Yes _____ (If yes, please explain)

EOYDC must strictly enforce our attendance policy for the following reasons:

1. Classes are designed for Scholars to build upon what they learn each day.
2. It is easier for participants to build positive relationships with peers and staff if they are present consistently.
3. EOYDC invests approximately \$1600 per child during the course of the 6 week program. To maintain the grants that allow us to offer the program at a low cost, we must provide slots to those families who consistently use the service.

SCEP attendance policy:

1. Participants may not miss more than 3 consecutive days of the program
2. Participants must maintain an attendance rate of 80% or higher (cannot miss more than 5 days of the program total)
3. Participants may not miss more than one field trip

In the event that the attendance policy is not followed, the Scholar will lose their slot in the program.

I understand SCEP's attendance policy (initial here): _____

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PARENT / GUARDIAN PRINT NAME: _____

SIGNATURE: _____

PLEASE DO NOT MARK BELOW THE LINE – ADMINISTRATION ONLY

New Participant: _____ Previous Participant _____

HOUSEHOLD INCOME CATEGORY:

Within 200% FPL _____ 201% FPL ->Alameda County Median _____ +Alameda County Median _____

PAYMENT INFORMATION:

\$100 Registration Fee + \$ _____ Program Fee - \$ _____ hardship waiver = \$ _____ **Total Payment**

Check amount received	Date Received	
Cash amount received	Date Received	
On-line payment received	Date Received	

What form of income verification was provided? *(attach copies of proof of residency to this form)*

Most recent tax return _____ Verification of unemployment benefits _____ Verification of SSI _____

Public assistance verification _____ Other (please specify) _____

REQUIRED FOR 5 YEAR OLDS: What form of birthdate verification was provided?

Birth certificate _____ Passport _____ Other (please specify) _____

Were two utility bills provided to prove residency? *(attach copies of proof of residency to this form)*

No _____ Yes _____

Additional Notes

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Application Accepted? Yes _____ No _____ *(If no, please explain)*

Applicant placed on waitlist? Yes _____ No _____

If yes, please list their current waitlist number here: _____

Application Received By (Print Name): _____ Date: _____

Signature: _____