



YMCA of the East Bay — Early Childhood Impact (ECI) Enrollment Information

Thank you for your interest in YMCA Early Childhood Impact (ECI) programs. We provide high-quality early learning services to eligible families. These services are funded through federal and state contracts with the Office of Head Start, the California Department of Social Services and the California Department of Education. Our programs serve families with children ages birth to 5. We embrace diversity and welcome children of all abilities.

COST

The majority of families enrolled in our programs do not pay a fee for services.

APPLYING FOR SERVICES

The first step in applying for services is completing the Pre-Enrollment Application. You may complete the application online at eciymca.org or by filling out the attached form. Enrollment priority is determined by family size, income, and other factors. Please complete the application thoroughly so that we can best understand your family circumstances.

DOCUMENTATION

Please submit as much supporting documentation as possible with your completed Pre-Enrollment Application.

The YMCA will never ask for proof of immigration status and immigration status is never considered when enrolling in our program.

Examples of supporting documentation:

- Proof of address (Utility bill or lease/rental agreement).
- Birth records. For ALL children in the family.
- Proof of family income for the prior year (Tax returns, W2s, check-stubs, unemployment, child support, etc.).
- Proof of public assistance (Cal-WORKS, Cal-Fresh or SSI).

For the child applying for services, we will need:

- Current immunization records.
- IEP/IFSP if they have one.

Submit your application and supporting documentation ANY of these ways:

- » Apply online at eciymca.org
- » Email completed application and documentation to enroll@ymcaeastbay.org
- » Submit completed paper application and documentation to any of our program locations or administrative offices (listed on reverse).

WHAT HAPPENS NEXT?

Our agency will contact you if your application is incomplete or if additional information is needed. Due to limited space and funding, we are not able to offer enrollment to every eligible child and family. Eligible children will be placed on our waiting list until a space becomes available. When space becomes available, families will be contacted in order of enrollment priority.

We are here for you!

If you have questions or need support, please email enroll@ymcaeastbay.org or call (844) 247-2385.





YMCA of the East Bay — Early Childhood Impact (ECI) Early Learning Center Locations

ANTIOCH

East Tregallas ELC

112 East Tregallas
Antioch, CA 94509
(925) 450-6955
License #: 073409600

Fairgrounds ELC

1203 West 10th Street
Antioch, CA 94509
(925) 450-6952
License #: 073409597

Lone Tree ELC

1931 Mokelumne Drive
Antioch, CA 94531
(925) 450-6954
License #: 073409598

BERKELEY

South Y ELC

2901 California Street
Berkeley, CA 94703
(510) 649-7988
License #:
013420965 (infant)
010200607 (preschool)

West Y ELC

2009 Tenth Street
Berkeley, CA 94710
(510) 848-9092
License #: 013423773

Vera Casey ELC

2246 Martin Luther King, Jr.
Way, Berkeley, CA 94704
(510) 549-3063
License #: 013417825 (infant)

EMERYVILLE

Ralph Hawley ELC

1275-61st Street
Emeryville, CA 94608
(510) 601-8674
License #: 013420964 (infant)
013420963 (preschool)

HAYWARD

Cherryland ELC

21144 Mission Blvd
Hayward, CA 94541
(510) 247-8287
License #: 015700587 (infant)
015700588 (preschool)

SIAC ELC

27211 Tyrell Avenue
Hayward, CA 94544
(510) 247-8284
License #: 015700556 (infant)
015700557 (preschool)

OAKLAND

Eastlake ELC

1612 45th Avenue
Oakland, CA 94601
(510) 534-7441
License #: 013423039 (infant)
013423040 (preschool)

M Robinson Baker ELC

3265 Market Street
Oakland, CA 94608
(510) 272-0669
License # 013423735

PITTSBURG

East Leland ELC

2555 E. Leland Road
Pittsburg, CA 94565
(925) 450-6951
License #: 073408939 (infant)
073408940 (preschool)

Kids Castle ELC

55 Castlewood Drive
Pittsburg, CA 94565
(925) 450-6953
License #: 073409599

RICHMOND

8th Street ELC

445 8th Street
Richmond, CA 94801
(510) 412-3559
License #: 073408248 (infant)
073405003 (preschool)

E M Downer ELC

263 South 20th Street
Richmond, CA 94804
(510) 412-5647
License #: 073409596

Richmond ELC

485 Lucas Avenue
Richmond, CA 94801
(510) 412-5640
License #: 073405695 (infant)
073404278 (preschool)

Richmond Parkway ELC

4300 Lakeside Drive
Richmond, CA 94806
(510) 665-3280
License #: 073409631

RODEO

Rodeo ELC

200 Lake Avenue
Rodeo, CA 94572
(510) 412-5644
License #: 073407487 (infant)
070212378 (preschool)

SACRAMENTO COUNTY

Courtland ELC

180 Primasing
Courtland, CA 95615
(916) 775-4138
License #: 343604577 (infant)
343604573 (preschool)

YOLO COUNTY

Winters ELC

100 Myrtle Drive
Winters, CA 95694
(530) 795-5065
License #: 573601605

Woodland ELC

1285 Lemen Avenue
Woodland, CA 95776
(530) 668-9622
License #: 574501142

Administrative Offices

Please visit our website at eciymca.org for the most current information.

Administrative Offices can be reached by calling any of our childcare centers. Enrollment information is available by calling (844) 247-2385.

Alameda County

2009 Tenth St.
Berkeley, CA 94509

East Contra Costa County

YMCA Portables at
2801 Roosevelt Ave.
Antioch, CA 94509

West Contra Costa County

4300 Lakeside Dr.
Richmond, CA 94806



YMCA of the East Bay — Early Childhood Impact (ECI) Pre-Enrollment Application

Applicant & Family Member Information

* If a family has more than one child applying for services, please complete a separate copy of this form for each applicant.

Applicant — Child Applying for Services

First	Middle	Last	Suffix	Birthday (month/day/year)	Gender

Race: (Check all that applies)		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> None <input type="checkbox"/> Little
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Primary Health Insurance	Other Coverage	Insurance #	Medi-Cal Eligibility	Medi-Cal#	Doctor Address & Phone

Dental Coverage	Dental Coverage #	Dentist Address & Phone

Does the child have a special need? (Check all that apply)

Child has no special needs Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)
 Diagnosed disability (list here) _____

Was the child enrolled in a YMCA program during the last year?	Does the child have a sibling enrolled in the YMCA?
<input type="checkbox"/> No <input type="checkbox"/> Yes, site: _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, sibling name: _____

Primary Adult

First	Middle	Last	Suffix	Birthday (month/day/year)	Gender

Race: (Check all that applies)		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> None <input type="checkbox"/> Little
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed/seeking work <input type="checkbox"/> Training or School <input type="checkbox"/> Full-time/training <input type="checkbox"/> Part-time/training <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <19 yrs old

Email Address: _____

Secondary or Other Adult

First	Middle	Last	Suffix	Birthday (month/day/year)	Gender

Race: (Check all that applies)		Hispanic	English Proficiency	Other Language?	Other Language Proficiency
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Hawaiian/Pacific Islander	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes		<input type="checkbox"/> None <input type="checkbox"/> Little
<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian <input type="checkbox"/> White	<input type="checkbox"/> No	<input type="checkbox"/> No		<input type="checkbox"/> Moderate <input type="checkbox"/> Proficient

Highest Grade Completed	Employment Status	Child's Relationship	Custody	Check all that apply:
<input type="checkbox"/> Less than High School Diploma <input type="checkbox"/> High School Graduate <input type="checkbox"/> GED <input type="checkbox"/> Some college or advanced training <input type="checkbox"/> Associate's <input type="checkbox"/> Bachelor's <input type="checkbox"/> Advanced Degree	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed/seeking work <input type="checkbox"/> Training or School <input type="checkbox"/> Full-time/training <input type="checkbox"/> Part-time/training <input type="checkbox"/> Retired or Disabled	<input type="checkbox"/> Biological/Adopted/Step <input type="checkbox"/> Grandchild <input type="checkbox"/> Other Relative	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Lives with Family <input type="checkbox"/> Provides Financial Support <input type="checkbox"/> Teen Parent <19 yrs old

Email Address: _____

Additional Household Members

Additional Household Member					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race: (Check all that applies)	Hispanic	English Proficiency	Other Language?	Other Language Proficiency	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to child:					

Additional Household Member					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race: (Check all that applies)	Hispanic	English Proficiency	Other Language?	Other Language Proficiency	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to child:					

Additional Household Member					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race: (Check all that applies)	Hispanic	English Proficiency	Other Language?	Other Language Proficiency	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to child:					

Additional Household Member					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race: (Check all that applies)	Hispanic	English Proficiency	Other Language?	Other Language Proficiency	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to child:					

Additional Household Member					
First	Middle	Last	Suffix	Birthday (month/day/year)	Gender
Race: (Check all that applies)	Hispanic	English Proficiency	Other Language?	Other Language Proficiency	
<input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient		<input type="checkbox"/> None <input type="checkbox"/> Little <input type="checkbox"/> Moderate <input type="checkbox"/> Proficient	
Relationship to child:					

***Please use a separate sheet for additional household members**

Family Information, Income & Contacts

Family Living Address

Started Living at Date	Living Address	Apt#	Zip	City	State	County

Family Mailing Address

Same as living?	Mailing Address	Apt#	Zip	City	State	County
<input type="checkbox"/> Yes <input type="checkbox"/> No						

Phone Number(s)	Type (check one)	Name of Contact	Opt In Text Messages
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Other		<input type="checkbox"/> Yes <input type="checkbox"/> No

Parental Status <i>(check one)</i>	Primary Language at Home	Relationship to Participant	Learning Another Language?	Homeless Family	Active Duty Military	Military Veteran
<input type="checkbox"/> One Parent <input type="checkbox"/> Two Parents		<input type="checkbox"/> Foster parent(s), not including relatives <input type="checkbox"/> Grandparent (s) <input type="checkbox"/> Parent (biological, adoptive) <input type="checkbox"/> Relative(s) other than grandparent <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Referred by Child Welfare Agency	Receiving SNAP	WIC	WIC ID <i>(if applicable)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Has your family experienced any of the following special circumstances? <i>(check all that apply)</i>	<input type="checkbox"/> Domestic abuse or victim of violence <input type="checkbox"/> On Parole/Incarcerated parent <input type="checkbox"/> Foster Care <input type="checkbox"/> Disabled parent <input type="checkbox"/> Other (list) _____	Has your family been referred to services by any of the following? <i>(check all that apply)</i>	<input type="checkbox"/> Child Protective Services (CPS) <input type="checkbox"/> Department of Public Health <input type="checkbox"/> Other (list) _____
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Family Income *(Please include all sources of income you are receiving)*

Receiving CalWorks/TANF Status	Receiving SSI (Social Security Income)
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Formerly on TANF/Not now	<input type="checkbox"/> Yes <input type="checkbox"/> No

Family Member	Amount	How often does this amount get paid? <i>biweekly? bimonthly? monthly?</i>	Income Description <i>example: SSI, Job, Child Support</i>	Verification provided <i>example: W2, check stub</i>
	\$			
	\$			
	\$			

Location Preference

Location Preference Priority	Site Name
1st	
2nd	
3rd	

Is the child related to a YMCA of the East Bay employee?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes... Employee Name: _____ Site Name: _____

I certify information contained in this application is true and correct to the best of my knowledge. No false or misleading statements have been made. The acceptance of this application does NOT guarantee services or placement. Further, I authorize the YMCA to share information with HS/EHS partners to support enrollment.

Parent/Guardian Signature: _____ Date: _____