



Avery County



Avery YO! 2012-2013



**Check List**

**Enrollment Date:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Student Full Name:** \_\_\_\_\_

**PLEASE CHECK:**

*Full-Time:* \_\_\_\_\_ *Part-Time 2 day:* \_\_\_\_\_ *Part-Time 3 day:* \_\_\_\_\_

*\*If part time, please indicate days of the week your child will attend:* \_\_\_\_\_

**Student's Application For YO! Program:** \_\_\_\_\_

**\*Immunization Dates/Record:** \_\_\_\_\_

**Photo Release/Permission Form:** \_\_\_\_\_

**Code of Conduct:** \_\_\_\_\_

**Discipline/Behavior Policy:** \_\_\_\_\_

**Program Identification Form:** \_\_\_\_\_

**Sunscreen Form:** \_\_\_\_\_

**Parent Rec. of Policies/Procedures:** \_\_\_\_\_

**NC Wise Release Form:** \_\_\_\_\_

**Rec. of NC Childcare Laws/Rules:** \_\_\_\_\_

**Copy of End of Year Report Card:** \_\_\_\_\_

**N.C. Aquatics Policy** \_\_\_\_\_

*Payment Forms:*

*Contractual Agreement:*

*DSS Voucher:*

*Voucher Beginning Period Date:*

*Registration Fee (Middle School Only)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Avery County  
**YO!**

**REGISTRATION/MEMBERSHIP FORM**

Student Full Name: \_\_\_\_\_ Current Age: \_\_\_\_\_  
 Student Grade: \_\_\_\_\_ School Attending: \_\_\_\_\_  
 Parent/Guardian: \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Physical Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Parent E-Mail (optional): \_\_\_\_\_  
 Date of Last Tetanus: \_\_\_\_\_ Hospital Preference: \_\_\_\_\_  
 Doctor: \_\_\_\_\_ Doctor's phone number: \_\_\_\_\_

Please give any information concerning your student which will be helpful in his/her experience in group setting (such as play, eating and sleeping habits, special fears, special likes or dislikes).

\_\_\_\_\_

Please check swimming ability:

Non-Swimmer \_\_\_\_\_ Beginner Swimmer \_\_\_\_\_  
 Good Swimmer \_\_\_\_\_ Advanced Swimmer \_\_\_\_\_

Any dietary requirements that we need to know about (Please discuss below):

Describe: \_\_\_\_\_

Check below any medical condition and describe:

Diabetes \_\_\_\_\_ Asthma \_\_\_\_\_ Ear/Eye Infection \_\_\_\_\_ Allergies \_\_\_\_\_  
 Heart Disease \_\_\_\_\_ Kidney Disorder \_\_\_\_\_ Mental Disabilities \_\_\_\_\_  
 Physical Disabilities \_\_\_\_\_ Other(s) \_\_\_\_\_

Describe: \_\_\_\_\_

Check below any Allergic Reactions and describe preferred treatment:

Sun/Heat \_\_\_\_\_ Insect Stings \_\_\_\_\_ Food \_\_\_\_\_ Drugs/Medications \_\_\_\_\_ Poison Ivy \_\_\_\_\_  
 Peanut Products \_\_\_\_\_ Other \_\_\_\_\_

Describe: \_\_\_\_\_

IMMUNIZATION RECORD ( ENTER DATE EACH IMMUNIZATION WAS RECEIVED):

DTP/DT: \_\_\_\_\_ Polio: \_\_\_\_\_ HIB: \_\_\_\_\_ MMR: \_\_\_\_\_ Hepatitis: \_\_\_\_\_

**Please call your physician if unsure of dates! Immunization records may be faxed to the Avery Co. YO! administrative office at 828-733-8293.**

Avery County  
**YO!**

**Insurance Information**

The 4-H program purchases insurance for youth participants for many sponsored events. In some cases, this coverage will not pay for some medical expenses and it may be necessary to bill the family or your insurance company.

Health Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity(ies), please contact the Avery County 4-H Extension Agent at (828)733-8275 during the business hours of 8:00 a.m. and 5 p.m. to discuss accommodations at least 1 day prior to the activity.

**Informed Consent**

In the event that a participant needs minor medical care from 4-H or more significant medical care from a qualified health care provider, including in rare cases possible hospitalization and/or surgery, the parent/guardian is asked to sign the informed consent form below. In case of serious medical conditions, 4-H will make every effort to notify the parent/guardian, but the first priority may be providing care to the participant.

**Authorization to Consent to Health Care for Minor**

I, \_\_\_\_\_, of \_\_\_\_\_ County, am the custodial parent having legal custody of \_\_\_\_\_, a minor child, age \_\_\_\_\_, born on \_\_\_\_\_. I authorize any adult(s) acting as agents (including official volunteers) or employees of the Avery County 4-H Program and in whose care the minor child has been entrusted, to do any acts which may be necessary or proper to provide for the health care of the minor child, including, but not limited to, the power (i) to provide for such health care at any hospital or other institution, or the employing of any physician, dentist, nurse, or other person for such health care, and (ii) to consent to and authorize any health care, including administration of anesthesia, X-ray examination, performance of operations, and other procedures by physicians, dentists, and other medical personnel except the withholding or withdrawal of life sustaining procedures.

This consent shall be effective for one year from the date of the executions.

Custodial Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF NORTH CAROLINA  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me the said named, executed the foregoing instrument and he/she acknowledged that he/she executed the same and being duly sworn by me, made oath that the statements in the foregoing instrument are true.

My commission expires: \_\_\_\_\_, 20\_\_\_\_\_.

(OFFICIAL SEAL)

\_\_\_\_\_  
Notary Public

*Must be completed each year by Avery YO!/4-H'er and Parent/Guardian. If health history changes within that year, it is the Avery YO!/4-H'er & Parent/Guardian's responsibility for updating information.*

Avery County  
**YO!**

**RELEASE FORM**

\* I give blanket permission for my student to be transported in a van/activity bus/personal vehicle to programs away from the community school. ☐ Yes ☐ No

\* I give permission for my student to be photographed or videotaped for use in exhibits, displays, or news releases promoting the Avery County YO! Program. ☐ Yes ☐ No

\* I give the Avery Co. YO! Program permission to authorize emergency care for my student in the event that neither I nor the family physician can be contacted immediately. ☐ Yes ☐ No

\* On rare occasions, an emergency requiring hospitalization and /or surgery develops. As a general rule, anesthesia may not be administered to or operations performed upon a minor without written permission by his or her parents or guardians. Therefore, in order to prevent a dangerous delay, if an emergency does occur and we are unable to contact the parent or legal guardians, the parent/guardian is asked to sign the release form below. In the event of injury or illness to my student, I hereby authorize the YO! staff to secure whatever treatment is deemed necessary and, if recommended by an attending physician, the administration of an anesthetic or surgery. ☐ Yes ☐ No

\* I understand that in the event my student's behavior becomes a danger or a safety concern to his/her self, other participants or staff, I agree to pick my student up at that location immediately.  
☐ Yes ☐ No

\* Some YO! activities are planned outside of the fenced areas at the playground. I give permission for my student to play outside the fenced area. ☐ Yes ☐ No

\* I give permission for any Avery County YO! staff to administer sunscreen as needed for my student to all exposed body areas to ensure skin protection. ☐ Yes ☐ No

\* I understand that by signing below I am agreeing to all of the above releases.

\* ***I agree to furnish the Avery Co. YO! Program a copy of any existing custody order or domestic violence protective order.***  
☐ Yes ☐ No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STUDENT PICKUP INFORMATION**

\* I give permission for the following person(s) to pick up my student and for them to serve as the emergency contact in the case neither parent or guardian can be contacted. My child/ward will be signed out daily by person responsible for pick up.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home # \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_  
Work #: \_\_\_\_\_ Cell/Pager#: \_\_\_\_\_

\*Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Avery County  
**YO!**

**CODE OF CONDUCT FORM**

**PLEASE READ AND COMPLETE THE FOLLOWING FORM. THIS FORM MUST BE PRESENTED AT THE OFFICIAL  
REGISTRATION FOR THE AVERY COUNTY YO! PROGRAM**

THIS RELEASE is entered on the date hereinafter mentioned by and between the State of North Carolina through the Department of 4-H Youth Development, North Carolina Cooperative Extension Service, W.A.M.Y. Community Action, Inc., N.C. Department of Juvenile Justice and Delinquency Prevention, Appalachian State University/GEAR UP Program, N.C. Department of Public Instruction, College of Agriculture and Life Sciences, North Carolina State University and the parties, their names described hereinafter:

Whereas, the State 4-H Youth Development Code of Conduct prohibits the following activities:

Possession and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are partaking of alcohol, tobacco products and/or any illegal substances, Sexual interaction OR being present where individuals are participating in sexual interaction, and Possession of weapons or firearms, and Behavior that violates state or local laws, and Theft, misuse or abuse of public or personal property.

Whereas, the attendance and punctuality of the participants in scheduled meetings during this event is considered mandatory by all participants and unauthorized absence from premises of the event is prohibited, and

Whereas, the State 4-H Youth Development Code of Conduct requires that all members respect the property of others and the facility in which this particular 4-H sponsored event is held, and

Whereas, the policy of the Department of 4-H Youth Development and State 4-H Code of Conduct has been read expressly understood, and agreed to by the undersigned;

NOW THEREFORE, in sole consideration for the opportunity extended to the undersigned 4-H participant by the State of North Carolina to participate in the event, the parties enter into this release and mutually agree to the following:

The undersigned for themselves, their heirs, executors, administrators, and successors assign individually, jointly, and severally do forever release and agree to save and hold harmless and indemnify the State of North Carolina, and its agencies, departments, officers, employees, and servants from any and all liability that may arise out of any action or failure to act by any party arising from the youth's participation in the 4-H event.

We realize that these guidelines are not all inclusive and that the event supervisor(s) reserve the right and extend these policies. In general, exercising good judgment will prevent occurrences which are not within the best interests of participants or the 4-H event.

We, the undersigned, have carefully read the foregoing release, know the contents thereof, and sign it as our own free act. Any infraction of the above may necessitate the participant's parent/guardian being notified and the even supervisor(s) determining an appropriate penalty which may include the participant being sent home at parent's/guardian's expense and /or suspended from future 4-H activities.

Parent's signature of agreement \_\_\_\_\_ Date \_\_\_\_\_

Participant's signature of agreement \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian may be reached at: Home \_\_\_\_\_ Work \_\_\_\_\_

Avery County  
**YO!**

**School Identification Form**

*Please place photo here!*

*This photo WILL NOT be returned.*

**Student Full Name:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

\_\_\_\_\_

**Physical Address:** \_\_\_\_\_

\_\_\_\_\_

**Age:** \_\_\_\_\_ **Current Grade:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Gender:** \_\_\_\_\_

**Race:** \_\_\_\_\_ **Hair:** \_\_\_\_\_ **Eyes:** \_\_\_\_\_ **Height:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Phone Information:**

**Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Emergency Contact Name & Number(s) (other than above):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Avery County  
**YO!**

**PERMISSION TO ADMINISTER SUN SCREEN FORM**

Student's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School: \_\_\_\_\_

We use a variety of SPF Strengths starting with 30 through 50 SPF.

Sunscreen should be used:

\_\_\_\_\_ On sunny days only \_\_\_\_\_ Each day **OR** \_\_\_\_\_ Each time my child goes outside

Sunscreen should be applied to cover:

\_\_\_\_\_ All exposed areas of skin **OR** \_\_\_\_\_ Face/Neck \_\_\_\_\_ Arms/Hands \_\_\_\_\_ Legs/Feet

If you prefer, you may send your student's own personal sunscreen. Sunscreen is considered a medication and must be labeled and locked at all times. A medication permission slip must be signed and accompany sunscreen. Please fill out the following information if you are providing sunscreen for your child.

Brand Name: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ SPF Strength: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***YO!***

**RECEIPT OF PARENT HANDBOOK RULES, REGULATIONS AND  
PROCEDURES**

**PLEASE SIGN AND RETURN THIS RECEIPT TO THE AVERY  
COUNTY YO! PROGRAM ADMINISTRATOR!**

I, \_\_\_\_\_, the  
(Printed Name)

Parent/Guardian of \_\_\_\_\_,  
(Student Name)

**have read and understand the rules, policies and regulations governing the  
Avery County YO! Program and I have also received and read the North  
Carolina Child Care Laws and Rules Summery Brochure.**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



**YO!****NC WISE RELEASE FORM**

As the parent/guardian of \_\_\_\_\_, I give the school permission to release the following information to the Avery County YO! Program. **I understand that this information will be kept confidential, and will only be used to better serve my student(s).**

Parent/Guardian Signature:

\_\_\_\_\_

Student ID# : \_\_\_\_\_

Student receives **OR** is eligible for Free/Reduced Lunch:

\_\_\_\_\_ Yes \_\_\_\_\_ No

Exceptional Student Status: \_\_\_\_\_

ESL or LEP: \_\_\_\_\_

**PREVIOUS YEAR REPORT CARD GRADES:**

Reading/Language Arts: \_\_\_\_\_  
 Math: \_\_\_\_\_  
 Science: \_\_\_\_\_

**PREVIOUS YEAR EOG SCORES:**

Reading Level: \_\_\_\_\_  
 Reading Scale Score: \_\_\_\_\_  
 Math Level: \_\_\_\_\_  
 Math Scale Score: \_\_\_\_\_  
 Writing Level: \_\_\_\_\_

The majority of the time, student lives with (please check):

_____ Both Parents	_____ Mother & Stepfather
_____ Father & Stepmother	_____ Mother Only
_____ Father Only	_____ Other Relative(s)
_____ Foster Care	_____ Other

Avery County

**YO!**

**Transportation Information:**

Please Check the appropriate box:

☐ YES, my student will need YO! transportation Services home.

☐ NO, my student will not need YO! transportation services home.

Transportation home from the Avery YO! Program is available if needed; please provide **detailed** driving directions to your home or to your student(s) pick-up location.

**Detailed** Student Drop-off Directions (Please be as specific as possible):

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**\*I understand that if my child rides the bus, I am responsible for meeting the bus at the designated stop at the designated time. Failure to do so will result in my child being returned to school and possibly losing bus riding privileges.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Avery County YO!

## Registration Survey

Dear Guardian:

Please take a moment to fill out this brief survey.

Rate the following statements regarding your student by circling the number that fits your student's needs. A 1 represents significantly needing improvement and a 10 represents no need for improvement. This will help Avery YO! to begin working with your student where he or she needs the most assistance.

**1) My student takes initiative to start and complete homework.**

**1      2      3      4      5      6      7      8      9      10**  
 Takes no initiative. Takes lots of initiative.

**2) My student is interested and excited for school.**

**1      2      3      4      5      6      7      8      9      10**  
 Shows no excitement. Is very excited.

**3) My student behaves well in school.**

**1      2      3      4      5      6      7      8      9      10**  
 Has trouble behaving. Behaves very well.

**4) My student is motivated to learn and enjoys learning.**

**1      2      3      4      5      6      7      8      9      10**  
 Not motivated to learn Very motivated to learn.

**5) My student believes there is value in going to school.**

**1      2      3      4      5      6      7      8      9      10**  
 Does not believe. Believes there is value.

**6) My student receives high report card grades.**

**1      2      3      4      5      6      7      8      9      10**  
 Receives low grades Achieves the highest grades possible

**7) Has your student been suspended from school in the past year?**

☐ yes      ☐ no      ☐ this is the first year my student is in school

**8) Is there anything that you believe your student needs extra help with (can be academic, behavioral, or motivation)?**

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## DISCIPLINE AND BEHAVIOR MANAGEMENT POLICY

Praise and positive reinforcement are effective methods of the behavior management of children. When children receive positive, non-violent, and understanding interaction from adults and others, they develop good self-concepts, problem solving abilities, and self-discipline. Based on this belief of how children learn and develop values, this facility will practice the following discipline and behavior management policy:

We:

1. DO praise, reward and encourage the students.
2. DO reason with and set limits for students.
3. DO model appropriate behavior for students.
4. DO modify the classroom environment to attempt to prevent problems before they occur.
5. DO listen to students.
6. DO provide alternatives for inappropriate behavior to the students.
7. DO provide students with natural and logical consequences of their behaviors.
8. DO treat students as people and respect their needs, desires and feelings.
9. DO ignore minor misbehaviors.
10. DO explain things to students on their level.
11. DO use short supervised periods of 'time-out'.
12. DO stay consistent in our behavior management program.

We:

1. DO NOT spank, shake, bite, pinch, push, pull, slap or otherwise physically punish the students.
2. DO NOT make fun of, yell at, threaten, make sarcastic remarks about, use profanity or otherwise verbally abuse students.
3. DO NOT shame or punish students when bathroom accidents occur.
4. DO NOT deny food or rest as punishment.
5. DO NOT relate discipline to eating, resting or sleeping.
6. DO NOT leave students alone.
7. DO NOT place students in locked rooms, closets or boxes as punishment.
8. DO NOT allow discipline of students by students.
9. DO NOT criticize, make fun of or otherwise belittle student's parents, families or ethnic groups.

I, the undersigned parent or guardian of \_\_\_\_\_

*Student's full name*

Do hereby state that I have read and received a copy of the facility's Discipline and Behavior Management Policy and that the facility's director/coordinator (or other designated staff member) has discussed the facility's Discipline and Behavior Management Policy with me.

Date of Student's Enrollment: \_\_\_\_\_

Signature of Parent/ Guardian: \_\_\_\_\_

Date

**\* Distribution: 1 copy to parent/guardian; signed copy in student's site file.**

### CONTACT INFORMATION:

**Cooperative Extension Office**  
**805 Cranberry Street**  
**Newland, NC 28657**  
**Phone: (828)733-8270**  
**Fax# (828)733-8293**

**WAMY Community Action, Inc.**  
**225 Birch St.**  
**Boone, NC**  
**Phone: (828)264-2421**  
**Fax# (828)264-0952**

Avery County

**YO!*****Survivor: The Ultimate After School Experience - Participation Form***

I grant permission for my student: \_\_\_\_\_

to participate in the ***Survivor: the Ultimate After School Experience***. I have read the letter about the Survivor Program located in the parent handbook and understand what this program offers my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

List any medical concerns/alerts or limitations your students may have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Any other comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Avery County  
**YO!**  
**4-H AQUATIC POLICY**

The Water Policy will be in effect for the Avery County 4-H Summer W.O.W./Avery YO! Programs. The Policy states that every participant that is a non-swimmer must now furnish their own life jacket or use 4-H/Avery YO! water wings for them to participate in water related activities. These life jackets must be clearly marked with their name on it and brought each time an event offers water related activities. Students will also be required to pass a swim test to determine if they can swim in the deep end. Your student will not be allowed to participate unless they comply with these new rules. The swim test that will be used is by the WSI Standards. Neckbands will be worn colored coded according to his/her swimming ability. Each week participants will be given the opportunity to re-test after they have worked with certified lifeguard on staff. A list of participants and how they have tested will be kept at Newland Pool/Lifeguards and/or on file at each Avery YO! site.

10A NCAC 09.1403 – Aquatic Activities

- Aquatic activities are defined as activities that take place in, on, or around a body of water such as a swimming pool, swimming instruction, wading, visits to water parks and boating.
- For every 25 youth participating in aquatic activities, there must be a least one person who has a current lifeguard training certificate. These certified lifeguards cannot be counted in the required staff-child ratio.
- Children under the age of three may not participate in aquatic activities unless it is necessary to implement any child's Individualized Family Service Plan (IFSP) or Individualized Education Program (IEP)
- The flowing staff-youth ratios must be maintained during aquatic activities:
 

Age of Youth	Ratio Staff/Youth
3 to 4 years	1 to 8
4 to 5 years	1 to 10
5 years or older	1 to 13
- Regardless of the number of youth participating, a minimum of two staff members must supervise aquatic activities.
- Adequate supervision must be maintained at all times. Half the center staff needed to meet staff-child ratios must be in the water and the other half must be out of the water
- Staff must be positioned in pre-assigned areas that will allow them to hear, see and respond quickly to youth at all times.
- The center must develop aquatic activities policies
- Staff must sign and date statements that they have reviewed the policies.

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Student's Name

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Parent/Guardian Signature

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Date

## Avery County *YO!*

PLEASE NOTE: Completion of this form is optional and the data will only be used by WAMY Community Action, Inc. to request additional funding from local, state and federal sources in our efforts to increase or enhance our programs. ALL NAMES AND PERSONAL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL.

### Gender

- ☐ Female  
☐ Male

### Age

- ☐ 18 - 23  
☐ 24 - 44  
☐ 45 - 54  
☐ 55 - 69  
☐ 70+

### Race

- ☐ White  
☐ Black  
☐ Hispanic/Latino  
☐ Bi-Racial  
☐ Asian  
☐ Native American  
☐ Other

### Level of Income

- ☐ \$ -0- - \$10,830  
☐ \$10,831 - \$14,570  
☐ \$14,571 - \$18,310  
☐ \$18,311 - \$22,050  
☐ \$22,051 - \$25,570  
☐ \$25,571 - \$29,530  
☐ \$29,531 - \$33,270  
☐ Above \$33,271

### Source of

#### Income

- ☐ Employment  
☐ TANF/DSS  
☐ Social Security/SSI  
☐ Pension  
☐ Unemployment  
☐ Self Employment  
☐ Other Income  
☐ No Income

#### Education

- ☐ 0 - 8<sup>th</sup> Grade  
☐ 9 - 12 Non Graduate  
☐ High School Graduate  
☐ GED  
☐ College (non-graduate)  
☐ Technical School Graduate  
☐ Associates Degree  
☐ Bachelor's Degree  
☐ Other

### Family Type

- ☐ Single Person  
☐ Single Parent  
☐ 2 Parent Household  
☐ 2 Adults (no children)  
☐ Multi Family Household  
☐ Other

### Family Size

- ☐ 1 Member  
☐ 2 Members  
☐ 3 Members  
☐ 4 Members  
☐ 5 Members  
☐ 6 Members  
☐ 7 + Members

IF YOU ARE INTERESTED IN APPLYING FOR FINANCIAL ASSISTANCE FOR THE 4-H SUMMER WOW PROGRAM OR THE AVERY YO! AFTERSCHOOL PROGRAM, YOU MUST FALL WITHIN THE FOLLOWING INCOME GUIDELINES:

**Maximum Income Eligibility Limits have Increased as of August 1, 2009**

<b>Family Size</b>	<b>Maximum Gross Monthly Income</b>	<b>Parental Fee Percentage</b>
<b>1</b>	<b>\$1,933</b>	<b>10%</b>
<b>2</b>	<b>\$2,528</b>	
<b>3</b>	<b>\$3,123</b>	
<b>4</b>	<b>\$3,718</b>	<b>9%</b>
<b>5</b>	<b>\$4,321</b>	
<b>6</b>	<b>\$4,907</b>	
<b>7</b>	<b>\$5,019</b>	<b>8%</b>
<b>8</b>	<b>\$5,130</b>	
<b>9</b>	<b>\$5,242</b>	
<b>10</b>	<b>\$5,353</b>	
<b>11</b>	<b>\$5,465</b>	
<b>12</b>	<b>\$5,576</b>	

YOU MUST ALSO BE CLASSIFIED IN 1 OR MORE OF THE FOLLOWING CATEGORIES AT THE TIME OF APPLICATION:

Currently Working  
 Enrolled as a student  
 CPS Involved  
 Receiving Child Welfare  
 Special Needs  
 Workfirst Involved

If you determine you are eligible to receive financial assistance, you may contact the following to set up an interview:

Amy Trivette Greene  
 Avery Co. Dept. of Social Services  
 (828)733-8230