



Greater Wyoming Valley Area YMCA
POWER SCHOLARS ACADEMY™

2024 Enrollment Application

The YMCA Power Scholars Academy™ is open to current students in K-4th grade.

Wilkes-Barre Area High School
New for 2024

2021 Wolf Pack Way, Plains, PA 18705 (For children in the Wilkes Barre Area School District)

Bear Creek Community Charter School

30 Charter School Way, Bear Creek Township, PA, 18702 (For children in Bear Creek Community Charter School and any other Luzerne County School District)

Scholar's Name: _____
 (Please Print) First Name Last Name

Date of Birth: (mm/dd/yyyy) ____/____/____ **Gender:** (circle one) M F

Grade completed by June 2024 (circle one): Kindergarten 1st 2nd 3rd 4th

Current School: _____ **Current School District:** _____

Scholar's Home/Mailing Address: _____

Telephone Number: _____ **Email Address:** _____

YOUR APPLICATION WILL NOT BE PROCESSED IF THIS SECTION IS LEFT BLANK

Enrollment Paragraph: Please tell us, in 3 -4 sentences, why your child/children, would benefit from participating in the YMCA's Power Scholars Academy this summer? Does he/she have any special talents or interests? Any special needs or things that they need to improve? *(This question is not optional – it is a very important part of this application.)*

Attendance Pledge: Attendance at Power Scholars Academy is very important. Your child/children will not enjoy the benefits and gains expected if they do not attend on a regular basis. Please **sign below** to indicate your understanding of this requirement. **I understand that attendance in the YMCA POWER SCHOLARS ACADEMY™ is very important for my child/children. I pledge that if my child/children are accepted that I will make sure that she/he/they attend on a regular basis.**

Parent/Guardian Signature: _____

Special Services: Is your child eligible for English Language Learner services? **Yes** **No**
 (Check Yes or No) Does your child participate in ELL services? **Yes** **No**
 Does your child have an IEP? **Yes** **No**
***If yes, please provide a copy**
 Does your child have a Behavioral Health Technician? **Yes** **No**
***If yes, please make arrangements for them to attend Power Scholars**
 Can your child swim without a lifejacket or adult assistance? **Yes** **No**

Does your child/children have any special needs, diagnosis, developmental or physical disabilities, that we should be aware of? If yes, please describe:

Child T-shirt Size Youth Small Youth Medium Youth Large Youth XL
 Adult Small Adult Medium Adult Large Adult XL

Health Information: Is your child on any medication? Yes No
 Will medications be taken at Power Scholars Academy? Yes No

Name of Medication: _____ Side Effects: _____
 Name of Medication: _____ Side Effects: _____
 Name of Medication: _____ Side Effects: _____

If medications are taken during POWER SCHOLARS ACADEMY™ you must complete a Medication Consent Form, which needs to be signed and dated by the doctor. Medication should be brought in original packaging, with a doctors note for instructions. Please speak with the PSA Nurse, prior to the start of the program.

Does your child/children have any allergies, diet restrictions or health alerts that we should be aware of?
 Yes No

If yes, please explain (including the reaction and treatment required should your child become exposed to the allergen):

Did your child participate in Power Scholars Academy last summer (in 2023)? **Yes** **No**

If Yes, Please comment on any impact you believe Power Scholars has had on your child academically or otherwise at school during the 2023-2024 school year:

Family Information:

Custodial Parent/Guardian #1: _____

(Please Print) First Name _____ Last Name _____
Parent Date of Birth: ____/____/____
Relationship to Scholar: _____ Emergency contact/Allowed to Pick-up? Yes____ No____
Home Address: _____
Cell Phone: _____ Other phone: _____

Email Address: _____

ALL communications for Power Scholars are sent via email. Please ensure you are providing a valid email address.

Custodial Parent/Guardian #2: _____

(Please Print) First Name _____ Last Name _____
Parent Date of Birth: ____/____/____
Relationship to Scholar: _____ Emergency contact/Allowed to Pick-up? Yes____ No____
Home Address: _____
Cell Phone: _____ Other phone: _____

Email Address: _____

ALL communications for Power Scholars are sent via email. Please ensure you are providing a valid email address.

Additional Emergency Contacts (First and Last Name)	Relationship to Child/ren	Address	Phone Number	Allowed to Pick-up?
1.				Yes____ No ____
2.				Yes____ No ____
3.				Yes____ No ____

Child Release: *I give the YMCA permission to release my child/ren as indicated on this registration form. I understand that any changes to this information must be submitted in advance in writing to the program office. If there is a question about who my child is to go home with, my child will be kept at the program, I will be notified and I will be responsible for picking him/her up.*

Parent/Guardian Signature

Date

Ethnicity Information:

- Caucasian/White
- African American/Black
- Hispanic/Latino
- Native Hawaiian, Pacific Islander or other
- American Indian or Alaska Native
- Asian
- Two or More, please specify: _____

Primary Language Spoken at Home:

- English
- Spanish
- Other, please specify _____

Secondary Language Spoken at Home:

Income Determination (do not leave blank): This is for statistical purposes, and has no effect on your child's acceptance/denial from Power Scholars Academy. Please be truthful, although submission of documentation is not required.

Are you employed? ___ Yes ___ No

Do you work? ___ Full-Time ___ Part-Time

Please list <u>all</u> members of your household				
Family Members Name	Annual Gross Income (Earning from work <u>before</u> deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA benefits	CHECK IF NO INCOME
EXAMPLE: JANE SMITH	\$35,000 annually	\$150.00/ Twice a month	\$100.00/Monthly	
1.				
2.				
3.				
4.				
5.				

Is your child currently enrolled in:

Before school care: ___ No ___ Yes Where: _____ Hours there: _____

After school care: ___ No ___ Yes Where: _____ Hours there: _____

Note: Program space is limited and applications will be processed as they arrive. **Acceptance letters will be emailed beginning in May (or sooner).** Program provision and student participation is dependent on program funding.

Email Submission:

Jennifer.Brennan@wvymca.org

Please attach application as a PDF. DO NOT SEND PHOTOS

Mail/In Person Submission:

Jennifer Brennan, PSA YMCA Coordinator
 Wilkes-Barre Family YMCA
 40 West Northampton Street
 Wilkes-Barre, PA 18701

PLEASE DO NOT RETURN APPLICATIONS TO YOUR CHILD'S TEACHER OR SCHOOL. Applications submitted anywhere but directly to the YMCA WILL NOT BE PROCESSED.

MAKE SURE ALL QUESTIONS ARE ANSWERED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Submit completed applications no later than Friday, June 7th, 2024.



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: _____

Power Scholars Academy Attendance Policy

(Updated March 2024)

As a participant of the Power Scholars Academy Program, I agree to attend all days of the program. I understand that the spot for my child is being funded by scholarship, provided by the Greater Wyoming Valley Area YMCA through donations and grants. If my child is going to be missing a day of program, a doctor's note or other excuse will need to be provided in writing. **If absences exceed two, I may lose my spot in the program and forfeit all future chances at participating in future years.**

Please review the above statement with your scholar. Upon both signing below, you agree to adhere to the attendance policy that will be strictly enforced this summer.

Child's Printed Name

Date

Parent's Signature

Date

MEDICATION CONSENT FORM

THIS FORM IS *REQUIRED* FOR ALL CHILDREN, ESPECIALLY IF YOUR CHILD IS TAKING MEDICATION DURING THE POWER SCHOLARS PROGRAM DAY.

Child's Name _____

School _____

SPECIAL DISABILITIES (If any): _____

ALLERGIES (including medication reaction): _____

MEDICAL OR DIETARY INFORMATION NECCESARY: _____

MEDICATION/SPECIAL CONDITIONS: _____

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD: _____

FOR MEDICATION ADMINISTRATION DURING PROGRAM ONLY:

This applies to my child This does not apply to my child

Name of Medication: _____

Prescription: _____ Non-Prescription: _____

Dosage: _____

Date(s)/Days Medication to be Given: _____

-----> OVER

Times Medication to be Given: _____

Reason for Medication (including allergies):

Possible Side Effects (including allergies):

Name and Phone Number of Prescribing Physician: _____

Directions for Storage: _____

I, _____, (parent/guardian) give permission to an authorized staff member(s) to administer medication to my child as indicated above.

I, _____, (parent/guardian) give permission for my child to carry his/her own inhaler in his/her bag and self-administer as needed.

Signature of Parent/Guardian **(REQUIRED)**

Date

Signature of Doctor (for medications and children carrying inhalers)- **(REQUIRED)**

Date