



## Wilkes-Barre Family YMCA POWER SCHOLARS ACADEMY™ Enrollment Application

Wilkes-Barre Area School District

The YMCA Power Scholars Academy<sup>™</sup> is open to current students in PreK-4, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, and 4<sup>th</sup> grades. Please <u>complete</u> the following information for each child you are applying for enrollment in the program. Incomplete applications will not be processed. Thank you.

Additional Emergency Contacts First & Last Name       Relationship to Child       Address       Cell/Other Phone up?       Allowed to Pick up?         VesNo	Scholar#1 Name: ( <u>Please Print</u> )	Last		First	Middle		Application Date
Scholar#2 Name:	Grade completed by Ju Scholar's Home Phone:	ne 2019 (	Select one):	□ PreK-4 Cell	$\Box K \Box 1^{st} \Box 2^{nd} \Box 3^{rd} \Box 4^{th}$	Current School:	
(Please Print)     Last     First     Middle     Application Date       Date of Birth: (mm/dd/yyyy)	Scholar's Home/Mailing	Address:					
Grade completed by June 2019 (Select one):       PreK-4       IX       IX       IX       Other phone:				First	Middle		Application Date
Grade completed by June 2019 (Select one):       PreK-4       IX       IX       IX       IX       Other phone:	Date of Birth: (mm/dd/	yyyy)			Gender: (circle one)	M F	
Scholar's Home/Mailing Address:						Current School:	
Scholar#3 Name:       Last       First       Middle       Application Date         Date of Birth: (mm/dd/yyyy)//       Gender: (circle one)       M       F         Grade completed by June 2019 (Select one):       PreK-4       IL       1 <sup>st</sup> 2 <sup>nd</sup> 4 <sup>th</sup> Current School:	Scholar's Home Phone:			Cell Pho	one:	Other phone:	
(Please Print)     Last     First     Middle     Application Date       Date of Birth: (mm/dd/yyyy)//     Gender: (circle one)     M     F       Grade completed by June 2019 (Select one):     PreK-4     IK     It     It     It     Current School:       Scholar's Home Phone:     Cell Phone:     Other phone:     Other phone:     Other phone:     Scholar's Home/Mailing Address:       Scholar's Home/Mailing Address:	Scholar's Home/Mailing	Address:					
Date of Birth: (mm/dd/yyyy)// Gender: (circle one) M F   Date of Birth: (mm/dd/yyyy)// Prek-4 IX 1 <sup>st</sup> 2 <sup>nd</sup> 3 <sup>rd</sup> IX   Scholar's Home Phone: Cell Phone: Other phone:   Scholar's Home/Mailing Address: Other phone:   Custodial Parent/Guardian #1:		Last		First	Middle		Application Date
Grade completed by June 2019 (Select one): PreK-4 IX II* IV Other phone:	. <u> </u>		, ,			M E	
Scholar's Home Phone:							
Scholar's Home/Mailing Address:							
Custodial Parent/Guardian #1:				Cell	Phone:	Other phone:	
Home Phone:       Cell Phone:       Other phone:         Email Address:	Scholar's Home/Mailing	Address:					
Email Address:	Scholar's Home/Mailing Custodial Parent/C (Please Print) Relationship to Scholar	Address: Guardiar	<b>. #1</b> :	First Name	2	Last Name	Parent Date of Birth
(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:        Home Phone:      Cell Phone:        Email Address:      Other phone:        Additional     Relationship     Address     Cell/Other Phone     Allowed to Pick       First & Last Name     Yes	Scholar's Home/Mailing Custodial Parent/C (Please Print) Relationship to Scholar Home Address:	Address:	<u>    #1</u> :	First Name	e Emergency contact/Allowe	Last Name ed to Pick-up? Yes	Parent Date of Birth No
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Home Phone:       Other phone:         Email Address:	Scholar's Home/Mailing Custodial Parent/C (Please Print) Relationship to Scholar Home Address: Home Phone: Email Address: Parent/Guardian #	Address:	i#1:	First Name	e Emergency contact/Allowe	Last Name ed to Pick-up? Yes Other phone:	Parent Date of Birth No
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Emergency Contacts       to Child       Address       up?         First & Last Name       YesNo         Image: No       YesNo         Image: No       Image: No         Image: No       Image: No         Image: No       Image: No	Scholar's Home/Mailing Custodial Parent/C (Please Print) Relationship to Scholar Home Address: Home Phone: Email Address: Parent/Guardian # (Please Print) Relationship to Scholar Home Address:	Address: <b>Guardiar</b> : : :	 • #1:	First Name Cell Pho First Name	Emergency contact/Allowe	Last Name ed to Pick-up? Yes Other phone:  Last Name ed to Pick-up? Yes	Parent Date of Birth No Parent Date of Birth No
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<u>Child Release</u>: I give the YMCA permission to release my child as indicated on the 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.

Income Determination (do not leave blank): Are	/ou employed? Ye	es No <b>Do you wo</b>	rk? Full-Time	_ Part-Time
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Family Members Name	Annual Gross Income	ll members of your househo Welfare, Child Support,	Pensions, Retirement	t, CHECK
	(Earning from work <u>before</u> deductions)	Alimony	Social Security, SSI, VA benefits	
EXAMPLE: JANE SMITH	\$200.00/Weekly	\$150.00/Twice a month		
	+	+	· · · · · · · · · · · · · · · · · · ·	
2				
8.				
1.				
5.				
s your child currently er			#1	
<ul> <li>Before school care</li> </ul>		Hou	rs there:	
<ul> <li>Afterschool care:</li> </ul>	NoYes Where:	Hou	rs there:	
Ethnicity Informati			Language Spoken at Hon	ne:
	roup that your child/child			
most identify with:		🗆 Spanis		
Caucasian/White		🗆 Other,	please specify	
□ African American/E	SIACK			
□ Hispanic/Latino				
	Pacific Islander or other	Seconda	ry Language Spoken at H	lome <sup>.</sup>
American Indian of     Asian	Alaska Native	Beeonaa	ly Language Spoken at h	
Asian Two or More				
pecial Services: Please	indicate which one of you	r children are:		
-			#1 #2	2 #3
Is your child eligible for		Yes		
Does your child particip		Yes		
Does your child have a		Yes		
Does your child have a			No	
Can your child swim wi	thout a lifejacket or adult ass	istance?Yes	No	
Does your child/children ha	ve any special needs; develor	pmental or physical disabilities	, that we should be aware o	of – please desc
hild/Children's T-shirt S	Jize/s?	□Youth X Small □Youth Sn	nall 🛛 Youth Medium 🖓	Youth Large
		□Youth X Small □Youth Sn □Adult Small □Adult Me		5
		□Youth X Small □Youth Sn □Adult Small □Adult Me		Youth Large Adult X Large
Please - <u>no baggy T-shirts</u> , 1 per d	child and indicate # needed)	□Adult Small □Adult Me	dium □Adult Large □/	Adult X Large
Please - <u>no baggy T-shirts</u> , 1 per ( Nould you like to volunt)	child and indicate # needed)		dium □Adult Large □/	Adult X Large
Please - <u>no baggy T-shirts</u> , 1 per ( <b>Nould you like to volunt</b> ( required)	child and indicate # needed) eer with the program in an	Adult Small Adult Me	dium □Adult Large □/	Adult X Large
Please - <u>no baggy T-shirts</u> , 1 per <b>Vould you like to volunt</b> equired) Parent Ambassad	child and indicate # needed) eer with the program in an	□Adult Small □Adult Me	dium □Adult Large □/	Adult X Large
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Please - <u>no baggy T-shirts</u> , 1 per <b>Vould you like to volunt</b> equired) Parent Ambassad Classroom aide Breakfast aide Lunch aide	child and indicate # needed) eer with the program in an lor (Helps with scholar recruit	Adult Small Adult Me	dium □Adult Large □/	Adult X Large
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required)          Parent Ambassad         Classroom aide         Breakfast aide         Lunch aide         Field Trip Chapered         I have a special t         Health Information:         Is your child on any meta	child and indicate # needed) eer with the program in an lor (Helps with scholar recruit one alent/interest and can provide <i>Please indicate which c</i> edication?Yes	Adult Small Adult Me Adult Small Adult Me Adult Small Adult Me Adult Me	dium 🗆 Adult Large 💷	Adult X Large
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Does your child/children have any allergies, diet restrictions or health alerts that we should be aware of? #1 \_\_\_\_ #2 \_\_\_\_#3\_\_\_\_ If yes, please explain (including the reaction and treatment required should your child become exposed to the allergen): **Enrollment Essay:** Please tell us, in 3 or 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.*)

**<u>Attendance Pledge</u>**: 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<sup>™</sup> 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 name

**Hurry! Don't miss out - Space is limited and applications will be processed as they arrive**. If the program over-enrolls priority will be given to students with the greatest academic need. Acceptance letters will be mailed in mid-May. Program provision and student participation is dependent on program funding.

Applications are available on the YMCA website. <u>www.wbymca.org/power-scholars</u> or ask your child's teacher for one.

## Submit completed applications no later than Friday, May 10<sup>th</sup>, 2019. Mail OR drop off at the YMCA.

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