





Parent/Guardian Signature

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

**Wilkes-Barre Area School District** 

Return Application by May 21st to Address on Back

The YMCA Power Scholars Academy™ is open to current students in PreK enrolled in Kindergarten at Wilkes-Barre Area School District, 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!

	First	Middle	-	Арр	lication Date
Date of Birth: (mm/dd/yyyy) Grade completed by June 2020 (S Scholar's Home Phone: Scholar's Home/Mailing Address: _	Select one):   PreK-4  Ce	$1 \square K \square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th}$	Current School:		
Scholar#2 Name: ( <u>Please Print</u> ) Last	First	Middle		Арр	lication Date
Date of Birth: (mm/dd/yyyy) Grade completed by June 2020 (S Scholar's Home Phone: Scholar's Home/Mailing Address: _	Select one):   PreK-4  Cell Ph	$1 \square K \square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th}$ one:	Current School: Other phone: _		
Scholar#3 Name:	First	Middle		App	lication Date
Date of Birth: (mm/dd/yyyy) Grade completed by June 2020 (S Scholar's Home Phone: Scholar's Home/Mailing Address: _	Select one):   PreK-4  Ce	$1 \square K \square 1^{st} \square 2^{nd} \square 3^{rd} \square 4^{th}$ II Phone:	Current School: Other phone: _		
Custodial Parent/Guardian (Please Print) Relationship to Scholar: Home Address:	First Nam		Last Name ed to Pick-up? Yes		Date of Birth
Home Phone:Email Address:	Cell Ph		Other phone:	<del>_</del>	
Parent/Guardian #2:					
(Please Print) Relationship to Scholar: Home Address:	First Nam		Last Name ed to Pick-up? Yes		Date of Birth
<del></del>	Cell Ph	one:	Other phone:		
Email Address:					
	Relationship to Child	Address	Cell/Other I	Phone	Allowed to Pick- up?
Email Address:  Additional Emergency Contacts	•	Address	Cell/Other I	Phone	
Email Address:  Additional Emergency Contacts	•	Address	Cell/Other I	Phone	up?

**Date** 

Clarining from work before deductions   Alimony   Social Security, SSI, V No Note of Control	Family Members Name			bers of your h						
Secondary Language Spoken at Home:				Welfare, Child Support, Alimony		Social Security, SSI,		NO	_	
1.	EXAMPLE: JANE SMITH	· · · · · · · · · · · · · · · · · · ·	\$1	0.00/Twice a			thly	11101	,,, <u>,,</u>	
2. 3. 4. 5. 5. 5. 6. 6. 6. 6. 7. Your child currently enrolled in?  • Before school care:NoYesWhere: Hours there:		<b>4</b>	7			<del>+</del>				
4.   Spour child currently enrolled in?   Spour child care: No Yes Where: Hours there:   #1 #2 #2   #2   #3   #4   #4   #4   #4   #4   #4   #4										
4.  5. Syour child currently enrolled in?  • Bafore school care: No Yes Where: Hours there: #1 #2  • Bafore school care: No Yes Where: Hours there: #2  Ethnicity Information: Please check one group that your child/children most identify with: Spanish  Gaucasian/White Spanish  Garcan American/Black Hispanic/Latino  Native Hawalian, Pacific Islander or other  Anian American Indian or Alaska Native Secondary Language Spoken at Home:  Hispanic/Latino  Anian Two or More  Pecial Services: Please indicate which one of your children are:  Is your child eligible for ELL services? Yes No #1 #2 #3  Does your child have an IEP? Yes No Soes your child have an IEP? Yes No Soes your child swim without a lifejacket or adult assistance? Yes No Soes your child swim without a lifejacket or adult assistance? Yes No Soes your child swim without a lifejacket or adult assistance? Yes No Soes your child swim without a lifejacket or adult assistance? Yes No Soes your child you like to volunteer with the program in any of the following ways? (All necessary criminal background checks viguired)  Parent Ambassador (Helps with scholar recruitment and program promotion)  Classroom aide  Break/ast aide  Lunch aide  Lunch aide  Lunch aide  Lunch aide  I have a special talent/interest and can provide an enrichment activity. Explain:  I syour child on any medication? Yes No Soe No Soe No Soe No Soe Soe No Soe Soe No Soe Soe No Soe Soe Soe Soe Soe Soe Soe Soe Soe So	3.									
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Before school care: No Yes Where: Hours there: Hours the										
Ethnicity Information: Please check one group that your child/children most identify with:     □ Caucasian/White     □ Caucasian/White     □ Caucasian/White     □ Caucasian/White     □ Ispanish     □ Chier, please specify     □ Other, please specify     □ Native Hawaiian, Pacific Islander or other     □ Native Hawaiian, Pacific Islander or other     □ Two or More  Pecial Services: Please indicate which one of your children are:  Is your child eligible for ELL services? Does your child participate in ELL services? Does your child have an IEP? Does your child have an IEP? Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?  Yes No     □ Does your child swim without a lifejacket or adult assistance?	s your child currently en	rolled in?			•		#1	#2	#3	
Ethnicity Information:   Primary Language Spoken at Home:   English   Spanish   Span	<ul> <li>Before school care:</li> </ul>		Where:		_ Hours th	ere:				
Please check one group that your child/children most identify with:   Spanish   Spanish   Spanish   Other, please specify   African American/Black   Hispanic/Latino   Native Hawaiian, Pacific Islander or other   Asian   Two or More   Secondary Language Spoken at Home:   Side Effects:   Side	<ul> <li>Afterschool care:</li> </ul>	NoYes	Where:		_ Hours th	ere:				
Hispanic/Latino   Native Hawaiian, Pacific Islander or other   Asian   Two or More	Please check one gr most identify with:  □ Caucasian/White	oup that your child	l/children	□ E □ S	nglish Spanish		at Home:			
Is your child eligible for ELL services?  Does your child participate in ELL services?  Does your child have an IEP?  Does your child have any special needs; developmental or physical disabilities, that we should be aware of – please des your child/children have any special needs; developmental or physical disabilities, that we should be aware of – please des your child/children's T-shirt Size/s?  Would you like to volunteer with the program in any of the following ways? (All necessary criminal background checks vequired)  Parent Ambassador (Helps with scholar recruitment and program promotion)  Classroom aide  Breakfast aide  Lunch aide  Lunch aide  Field Trip Chaperone  Field Trip Chaperone  Field Trip Chaperone  I have a special talent/interest and can provide an enrichment activity. Explain:  Wealth Information:  Please indicate which one of your children:  Will medications be taken at Power Scholars Academy?  YesNo  No  Will medication: Side Effects:  Name of Medication: Side Effects:	<ul><li>☐ Hispanic/Latino</li><li>☐ Native Hawaiian, Pa</li><li>☐ American Indian or</li><li>☐ Asian</li></ul>	acific Islander or othe	er	Sec	ondary La	nguage Spoke	en at Hom	ne:		
Is your child eligible for ELL services?  Does your child participate in ELL services?  Does your child have an IEP?  Does your child have an IEP?  Does your child have a TSS worker?  Yes No  Can your child swim without a lifejacket or adult assistance?  Yes No  Can your child/children have any special needs; developmental or physical disabilities, that we should be aware of – please deservices – no baggy T-shirts Size/s?  Would you like to volunteer with the program in any of the following ways? (All necessary criminal background checks we required)  Parent Ambassador (Helps with scholar recruitment and program promotion)  Classroom aide  Breakfast aide  Lunch aide  Field Trip Chaperone  I have a special talent/interest and can provide an enrichment activity. Explain:  Is your child on any medication?  Yes No  Will medications be taken at Power Scholars Academy?  Yes No  Name of Medication:  Side Effects:	pecial Services: Please	indicate which one	of your childre	en are:		#1	#2	#3		
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Please - no baggy T-shirts, 1 per child and indicate # needed)	Can your child swim wit	•								
required)  Parent Ambassador (Helps with scholar recruitment and program promotion)  Classroom aide Breakfast aide Lunch aide Field Trip Chaperone I have a special talent/interest and can provide an enrichment activity. Explain:  Health Information: Please indicate which one of your children: #1 #2  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:			developmental	or physical disa	bilities, tha	t we should be a	aware of –	please de	scrib	
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f medications are taken during POWER SCHOLARS ACADEMY™ you will be asked to complete a Medication Consent	Would you like to volunte equired)  Parent Ambassado Classroom aide Breakfast aide Lunch aide Field Trip Chapero I have a special ta  Wealth Information: Is your child on any mer will medications be take Name of Medication: Name of Medication: Name of Medication:	ize/s? hild and indicate # needed) her with the progra or (Helps with scholar ne ellent/interest and car  Please indicate # dication?Ye en at Power Scholars	□Youth □Adult  m in any of the recruitment and provide an enri which one of y sNo Academy? Side EfSide Ef	AX Small	uth Small ult Medium  ys? (All nemotion)  . Explain:	□Youth Medit □Adult Large cessary criminal	um ☐ You ☐ Adu  backgrou  #1 ——————————————————————————————————	#2	#3	

## Did you participate in Power Scholars Academy in 2019? Yes No If Yes, please respond to the following questions: Did your student's attendance at school this year: Did your student's math skills at school this year: Did your student's reading skills at school this year: Please comment on any impact you believe Power Scholars has had on your child academically or otherwise at school? 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.

## SEE NEXT PAGE FOR ADDRESS TO RETURN APPLICATION

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 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.

Additional applications are available on the YMCA website. <a href="www.wbymca.org/power-scholars">www.wbymca.org/power-scholars</a> or inquire at your school's office.

Submit completed applications no later than Thursday, May 21st<sup>th</sup>, 2020. 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.