



Return
Application
by June 1st to
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Wilkes-Barre Family YMCA POWER SCHOLARS ACADEMY™ Enrollment Application

The YMCA Power Scholars Academy™ is open to current students in PreK enrolled in Kindergarten, 1st, 2nd, 3rd, 4th and 5th 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!

Scholar#1 Name: (Please Print) Last	First	Middle			Арр	lication Date
Date of Birth: (mm/dd/yyyy)	1 1	Condor: (circle one)	М	F		
Grade completed by June 2020 (S						
Scholar's Home Phone:						
Scholar's Home/Mailing Address:				Other phone		·
Scholar's Home/Halling Address.						
Scholar#2 Name:						
(<u>Please Print</u>) Last	First	Middle			Арр	lication Date
Date of Birth: (mm/dd/yyyy)				F		
Grade completed by June 2020 (S	Select one): $\ \square$ PreK-4	$\square K \ \square 1^{st} \ \square 2^{nd} \ \square 3^{rd} \ \square 4^{th}$	□ 5 th	Current School: _		
Scholar's Home Phone:	Cell Pho	one:		Other phone:		
Scholar's Home/Mailing Address:						
Scholar#3 Name:						
(<u>Please Print</u>) Last	First	Middle			App	lication Date
Date of Birth: (mm/dd/yyyy)		Gender: (circle one)	М	F		
Grade completed by June 2020 (S	Select one): □ PreK-4	□K □1 st □2 nd □3 rd □4 th	□ 5 th	Current School:		
Scholar's Home Phone:						
Scholar's Home/Mailing Address:				- · -		
Relationship to Scholar: Home Address: Home Phone: Email Address: Parent/Guardian #2:	Cell Pho	one:		Other phone: _	-	
(Please Print) Relationship to Scholar:	First Name		Last No			Date of Birth
Home Address:		Linergency contact/Anow	eu to i	ick up: Tes	110_	
Home Phone:		nne'		Other phone:	-	
Email Address:	CCII I IIC	me		other phone: _		
Additional Emergency Contacts First & Last Name	Relationship to Child	Address		Cell/Other Pl	none	Allowed to Pick- up?
l.						Yes No
2.						Yes No
3.						Yes No
<u>Child Release</u> : I give the YMCA this information must be submitted with, my child will be kept at the	ed in advance in writing	to the program office. If the	here is	a question about v		

(Earning from work before deductions) EXAMPLE: JANE SMITH \$200.00/Weekly \$150.00/Twice a month \$100.00/Monthly 1.	Family Members Name			bers of your h					
Secondary Language Spoken at Home:						Social Securit	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:		4	7			+			
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 American Indian or Alaska Native Secondary Language Spoken at Home: Asian Hawalian, Pacific Islander or other American Indian or Alaska Native Secondary Language Spoken at Home: 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 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	3.								
So your child currently enrolled in? Before school care: No Yes Where: Hours there: #1 #2 Before school care: No Yes Where: Hours there: #2 Ethnicity Information: Please check one group that your child/children most identify with: English Spanish Span									
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	 Before school care: 		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:	 Afterschool care: 	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:	☐ Hispanic/Latino☐ Native Hawaiian, Pa☐ American Indian or☐ Asian	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: Sid	pecial Services: Please	indicate which one	of your childre	en are:		#1	#2	#3	
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Does your child have an IEP? Does your child have a TSS worker? Can your child swim without a lifejacket or adult assistance? YesNo									
Does your child have a TSS worker? Can your child swim without a lifejacket or adult assistance? YesNo				Yes	No				
Can your child swim without a lifejacket or adult assistance? Yes No oes your child/children have any special needs; developmental or physical disabilities, that we should be aware of – please des hild/Children's T-shirt Size/s?	•								
Child/Children have any special needs; developmental or physical disabilities, that we should be aware of – please described on the please of plea			dult assistance?						
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: Is your child on any medication? YesNo Will medications be taken at Power Scholars Academy?YesNo Name of Medication: Side Effects: Name of Medication: Side Effects: Name of Medication: Side Effects: Side Eff			developmental	or physical disa	bilities, tha	t we should be a	aware of –	please de	scrib
Is your child on any medication?YesNoYesNoYesNoYesNoYesNo	Does your child/children hav	e any special needs;	Youth	X Small □Yo	uth Small	□Youth Medio	ım □ You	ıth Large	escrib
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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. www.wbymca.org/power-scholars or inquire at your school's office.

Submit completed applications no later than Monday, June 1st 2020. Email a completed filled application to:

jennifer.brennan@wbymca.org.

or send to: 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.