

Income Determination (do not leave blank): 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	\$200.00/Weekly	\$150.00/ Twice a month	\$100.00/Monthly	
1.				
2.				
3.				
4.				
5.				

Is your child currently enrolled in?

	#1	#2	#3
• Before school care: ___ No ___ Yes Where: _____ Hours there: _____			
• Afterschool care: ___ No ___ Yes Where: _____ Hours there: _____			

Ethnicity Information:

Please check one group that your child/children most identify with:

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

Primary Language Spoken at Home:

- English
- Spanish
- Other, please specify _____

Secondary Language Spoken at Home:

Special Services: Please indicate which one of your children are:

	Yes	No	#1	#2	#3
Is your child eligible for ELL services?	_____	_____	_____	_____	_____
Does your child participate in ELL services?	_____	_____	_____	_____	_____
Does your child have an IEP?	_____	_____	_____	_____	_____
Does your child have a TSS worker?	_____	_____	_____	_____	_____
Can your child swim without a lifejacket or adult assistance?	_____	_____	_____	_____	_____

Does your child/children have any special needs; developmental or physical disabilities, that we should be aware of – please describe?

Child/Children's T-shirt Size/s?

(Please - no baggy T-shirts, 1 per child and indicate # needed)

- Youth X Small Youth Small Youth Medium Youth Large
- Adult Small Adult Medium Adult Large Adult X Large

Would you like to volunteer with the program in any of the following ways? (All necessary criminal background checks will be 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:

	Yes	No	#1	#2	#3
Is your child on any medication?	_____	_____	_____	_____	_____
Will medications be taken at Power Scholars Academy?	_____	_____	_____	_____	_____
Name of Medication: _____	Side Effects: _____		_____	_____	_____
Name of Medication: _____	Side Effects: _____		_____	_____	_____
Name of Medication: _____	Side Effects: _____		_____	_____	_____

If medications are taken during POWER SCHOLARS ACADEMY™ you will be asked to complete a Medication Consent Form upon enrollment.

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):

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.

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 _____

SEE NEXT PAGE FOR ADDRESS TO RETURN APPLICATION

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.