



**Wilkes-Barre Family YMCA
POWER SCHOLARS ACADEMY™
Enrollment Application
Hanover Area School District**

Please complete, clearly and legibly, the following information for each child you are applying for enrollment in the program:

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

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

Grade completed by June 2017 (Select one): 4 5 6

Scholar's Home Phone: _____ **Cell/Other Phone:** _____

Scholar's Home/Mailing Address: _____

Will you use district provided transportation? Yes _____ No _____
Will you provide your own transportation? Yes _____ No _____

Parent/Guardian #1: _____
(Please Print) First Name Last Name

Relationship to Scholar: _____ Allowed to Pick-up? Yes _____ No _____

Home Address: _____

Phone: _____ Cell/Other Phone: _____

Email Address: _____

Parent/Guardian #2: _____
(Please Print) First Name Last Name

Relationship to Scholar: _____ Allowed to Pick-up? Yes _____ No _____

Home Address: _____

Home Phone: _____ Cell/Other Phone: _____

Email Address: _____

(over)

Emergency Contact First & Last Name	Relationship to Child	Address	Cell/Other Phone	Allowed to Pick-up?
1.				Yes____ No ____
2.				Yes____ No ____
3.				Yes____ No ____

Child Release: 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.

Parent/Guardian Signature

Date

Income Determination:

Are you employed? ____ Yes ____ No **Do you work:** ____ Full-Time ____ Part-Time

Please list all members of your household

Family Members Name	Annual Gross Income (Earning from work before 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?

- before school childcare: ____ No ____ Yes Where: _____ Hours there: _____
- after school childcare: ____ No ____ Yes Where: _____ Hours there: _____

Ethnicity Information:

Please check the ethnic group the child most identifies 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:

- Is your child eligible for ELL services? ____ Yes ____ No
- Does your child participate in ELL services? ____ Yes ____ No
- Does your child have an IEP? ____ Yes ____ No
- Does your child have a TSS worker? ____ Yes ____ No

Can your child swim without a lifejacket or adult assistance? ____ Yes ____ No

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

What is the Scholar's T-shirt Size?

(Please - no extra baggy T-shirts.)

- 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

Is your child on any medication? Yes No

Medication taken at home: _____ Side Effects: _____

Medication taken at home: _____ Side Effects: _____

Will medications be taken at Power Scholars Academy? Yes No

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 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):

Tell us why your student would benefit from participating in the YMCA's Power Scholars Academy?

Hurry! Don't miss out - Space is limited and applications will be processed as they arrive and according to YMCA POWER SCHOLARS ACADEMY™ enrollment criteria.

Return Completed Enrollment Application no later than Friday, May 19 to:

1. Your student's classroom teacher OR
2. Jennifer Brennan, PSA YMCA Coordinator
Wilkes-Barre Family YMCA
40 West Northampton Street
Wilkes-Barre, Pa 18701