

Application Received: \_\_\_\_\_



# Wilkes-Barre Family YMCA POWER SCHOLARS ACADEMY™ Application Wilkes-Barre Area School District

The YMCA Power Scholars Academy™ is open to current students in K, 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> and 4<sup>th</sup> grades. Please complete 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 Application Date

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle one) M F  
Grade completed by June 2018 (Select one): K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Current School: \_\_\_\_\_  
Scholar's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Scholar's Home/Mailing Address: \_\_\_\_\_

**Scholar#2 Name:** \_\_\_\_\_  
(Please Print) Last First Middle Application Date

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle one) M F  
Grade completed by June 2018 (Select one): K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Current School: \_\_\_\_\_  
Scholar's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Scholar's Home/Mailing Address: \_\_\_\_\_

**Scholar#3 Name:** \_\_\_\_\_  
(Please Print) Last First Middle Application Date

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle one) M F  
Grade completed by June 2018 (Select one): K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Current School: \_\_\_\_\_  
Scholar's Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Scholar's Home/Mailing Address: \_\_\_\_\_

**Custodial Parent/Guardian #1:** \_\_\_\_\_  
(Please Print) First Name Last Name

Relationship to Scholar: \_\_\_\_\_ Emergency contact/Allowed to Pick-up? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_  
(Please Print) First Name Last Name

Relationship to Scholar: \_\_\_\_\_ Emergency contact/Allowed to Pick-up? Yes \_\_\_\_\_ No \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Additional Emergency Contacts 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 (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: _____	___	___
• SHINE	___ No ___ Yes			___	___

**Ethnicity Information:**

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

- |   |   |
|---|---|
| <input type="checkbox"/> Caucasian/White                  | <input type="checkbox"/> African American/Black                     |
| <input type="checkbox"/> Hispanic/Latino                  | <input type="checkbox"/> Native Hawaiian, Pacific Islander or other |
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> Asian                                      |
| <input type="checkbox"/> 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?	___ 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/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)

- |  |                                       |                                       |  |
|--|---------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Youth X Small | <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth Medium | <input type="checkbox"/> Youth Large   |
| <input type="checkbox"/> Adult Small   | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large  | <input type="checkbox"/> 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?	___ 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: _____	___	___	___	___
Name of Medication: _____	Side Effects: _____	___	___	___	___

**If medications are taken during POWER SCHOLARS ACADEMY™ you will be asked to complete a Medication Consent Form and provide and a doctor's order 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):

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**Enrollment Essay:** Please tell us, in 3 to 5 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? (**Please answer this question – this in a very important part of this application. Application will be considered incomplete if left blank.**)

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**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 promise to make sure that she/he/they attends on a regular basis.**

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Parent/Guardian name

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**Hurry! Don’t miss out - Space is limited. Applications will be processed as they arrive. If the program overenrolls priority will be given to students with the greatest academic need. Acceptance letters will be mailed to you in May. Program provision and student participation is dependent upon available funding.**

**Applications are available on the YMCA website: [www.wbymca.org/power-scholars/](http://www.wbymca.org/power-scholars/) OR ask your child’s teacher for one.**

**Submit completed application no later than Friday, March 30, 2018. Mail OR drop off at 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.**