



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

The YMCA Power Scholars Academy™ is open to current students in 3<sup>rd</sup>, 4<sup>th</sup> and 5<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 2019 (Select one):     3<sup>rd</sup>     4<sup>th</sup>     5<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 2019 (Select one):     3<sup>rd</sup>     4<sup>th</sup>     5<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 2019 (Select one):     3<sup>rd</sup>     4<sup>th</sup>     5<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**                      **Parent Date of Birth**

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**                      **Parent Date of Birth**

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: _____			

**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:**

	#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)

- 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:***

	#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 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 or 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.)*

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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 make sure that she/he/they attend on a regular basis.**

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Parent/Guardian name

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**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.

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 applications no later than Friday, May 10<sup>th</sup>, 2019. 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.**