



**FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY**



**Power Scholars Academy™** is a FREE 6-week summer learning program that advances academic achievement with a morning of math and literacy taught by certified teachers, afternoon enrichment activities like art, music, outdoor education, and active games, and a free breakfast, lunch and snack.

In summer 2022 the program is available at 2 sites. Visit <https://wvymca.org/power-scholars> for an application

### **Dr. David W. Kistler Elementary School**

301 Old River Rd  
Wilkes-Barre, PA 18702

Current Grades K-5th

June 27th- August 5th, Monday-Thursday, no program Monday July 4th

**8:30-3:00:** Buses not available

Serves: Wilkes-Barre Area School District

90 minutes of math, 90 minutes of literacy every morning

On-Site Nurse

Cost: **FREE**

### **Bear Creek Community Charter School**

30 Charter School Way  
Wilkes-Barre, PA 18702

Current Grades K-3<sup>rd</sup>

June 27th- August 5th, Monday-Thursday, no program Monday July 4th

**8:30-2:30,** Buses leave from central locations at Forty Fort, Wilkes-Barre, approximately 7:45 and return 3:15

Serves: BCCCS students and all other Luzerne County school districts

90 minutes of math, 90 minutes of literacy every morning

On-Site Nurse

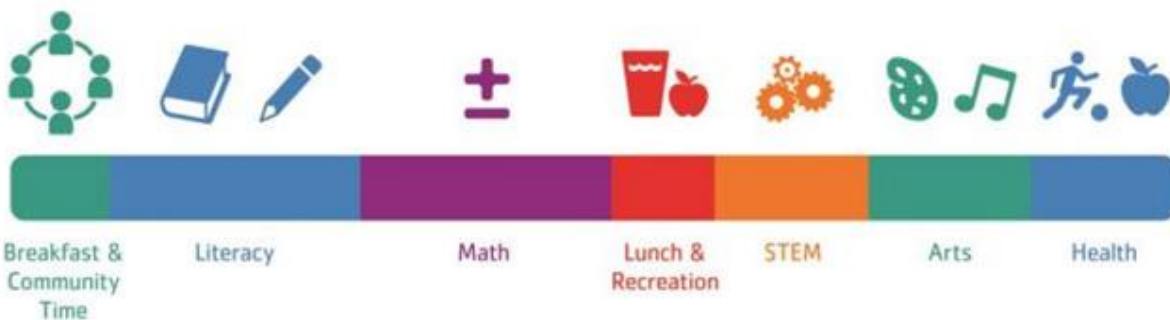
Cost: **FREE**



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## What does a Power Scholars Academy™ Day Looks Like?

Power Scholars Academy™ is a six-week summer learning experience that operates Monday through Thursday for 6.5 hours per day.



**Community Time:** Students, called “scholars,” start the day with a nutritious breakfast and activities that develop leadership skills and strong friendships with fellow scholars and staff.

**Literacy & Math:** Certified teachers lead fun and exciting reading and math lessons.

**Lunch & Recreation:** Scholars eat a healthy lunch and enjoy supervised fun; outdoors and in.

**Afternoon Fun:** Scholars rotate through a wide variety of enrichment opportunities during the afternoon that focus on the arts, science, technology, career exploration, physical activity and games, health and fitness, and community and career exploration.

**Field Trips:** As possible, field trips and reverse field trips visiting PSA sites expose scholars to a rich array of resources in and around our community.

**Family Engagement:** All families are encouraged to become involved with their scholars’ experiences and treated to special events that celebrate their scholars’ achievements.

**Academic Curriculum:** The Power Scholars Academy™ program focuses on academic instruction in literacy and mathematics. The YMCA’s academic partner is BellXcel which has more than 25 years of providing proven and successful out-of-school time learning programs.

**Hurry! Don’t miss out, space is limited, apply today!**

**Program provision and student participation is dependent upon available funding.**

Funded in part by the Greater Wyoming Valley Area YMCA, United Way of Wyoming Valley, Wilkes-Barre Area School District, Bear Creek Community Charter School, and other donors





**Greater Wyoming Valley Area YMCA  
POWER SCHOLARS ACADEMY™  
2022 Enrollment Application**

The YMCA Power Scholars Academy™ is open to current students in K-5<sup>th</sup> grade in Wilkes-Barre Area School District, and Grades K-3 attending Bear Creek Community Charter School and all other Wyoming Valley school districts.

This is a APPLICATION process, and you must receive an ACCEPTANCE LETTER with additional paperwork that must be complete and returned PRIOR to the first day of the program. Failure to do so will result in termination of acceptance and the spot will be given to someone else. A copy of your ACCEPTANCE LETTER should be brought with you on the first day of the program.

Scholar's Name: \_\_\_\_\_  
(Please Print) First Name Last Name

Date of Birth: (mm/dd/yyyy) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: (circle one) M F

Grade completed by June 2022: \_\_\_\_\_ Current School: \_\_\_\_\_

Scholar's Cell Phone: \_\_\_\_\_ Other phone: \_\_\_\_\_

Scholar's Home/Mailing Address: \_\_\_\_\_

**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 Signature: \_\_\_\_\_

**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  
**\*If yes, please provide a copy**  
 Does your child have a TSS worker?  Yes  No  
**\*If yes, please make arrangements for them to attend Power Scholars**  
 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 T-shirt Size**  Youth X Small  Youth Small  Youth Medium  Youth Large  
 Adult Small  Adult Medium  Adult Large  Adult X Large

**Health Information:** 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: \_\_\_\_\_

***If medications are taken during POWER SCHOLARS ACADEMY™ you must complete a Medication Consent Form, which needs to be signed and dated by the doctor. Medication should be brought in original packaging, with a doctors note for instructions.***

*Does your child/children 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):***

**Did your child participate in Power Scholars Academy last summer (in 2021)?** Yes No

***If Yes, Please comment on any impact you believe Power Scholars has had on your child academically or otherwise at school during this year:***

**Family Information:**

**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: \_\_\_\_\_

**Custodial 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 and Last Name)	Relationship to Child/ren	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/ren as indicated on this 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.

**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, please specify: \_\_\_\_\_

**Primary Language Spoken at Home:**

- English
- Spanish
- Other, please specify \_\_\_\_\_

**Secondary Language Spoken at Home:**

\_\_\_\_\_

**Income Determination (do not leave blank): Are you employed?  Yes  No**

**Do you work?  Full-Time  Part-Time**

**\*For statistical purposes only, has no effect on acceptance or denial\***

Please list <u>all</u> members of your household				
Family Members Name	Annual Gross Income (Earning from work <u>be- fore</u> deductions)	Welfare, Child Support, Ali- mony	Pensions, Retirement, Social Security, SSI,	CHECK IF NO INCOME
EXAMPLE: JANE SMITH	\$200.00/Weekly	\$150.00/ Twice a month	\$100.00/Monthly	
1.				
2.				
3.				
4.				
5.				

**Is/are your child/ren currently enrolled in?**

Before school care:  No  Yes Where: \_\_\_\_\_ Hours there: \_\_\_\_\_

Afterschool care:  No  Yes Where: \_\_\_\_\_ Hours there: \_\_\_\_\_

**Note:** Program space is limited and applications will be processed as they arrive. Acceptance letters will be mailed in late May. Program provision and student participation is dependent on program funding.

**Email a filled application to [Jennifer.Brennan@wvymca.org](mailto:Jennifer.Brennan@wvymca.org) or mail/ drop off 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.**

**Submit completed applications no later than Friday, May 27<sup>th</sup>, 2022.**



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## PHOTO AND VIDEO/AUDIO RECORDING RELEASE

I am 18 years of age or older and, if not, my Mother/Father/Legal Guardian has also signed below.

For my participation in activities to be conducted by the National Council of Young Men's Christian Associations of the United States of America (YMCA of the USA) , I hereby give my permission and consent, now and for all time, to YMCA of the USA and collaborating third parties to make, reproduce, edit, broadcast or rebroadcast any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities, for publication, display, sale or exhibition thereof in promotions, advertising, education and legitimate business uses without any compensation to, and/or claim, by me. I may, or may not be, identified in such reproductions; however, I shall not be stated by name to have endorsed any particular commercial products or commercial services.

I further agree to the following:

- Any video film, footage, sound track recordings, and photo reproductions of me and/or my narrative account of my experience during said activities, I authorize, according to this Release, shall belong to YMCA of the USA and collaborating third parties. Therefore, they will have full right of disposition of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities;
- Any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience within said activities will not be subject to any obligation of confidentiality and may be shared with and used by YMCA of the USA and collaborating third parties;
- YMCA of the USA and collaborating third parties collaborating shall not be liable for any use or disclosure to a third party of any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience; and
- YMCA of the USA and collaborating third parties shall exclusively own all known or later existing rights to worldwide and shall be entitled to the unrestricted use any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience for any purpose without compensation to me.

I agree that my consent and this release are irrevocable. I hereby release and discharge YMCA of the USA and collaborating third parties from any and all claims in connection with the uses and reproductions, any video film, footage, sound track recordings and photo reproductions of me and/or my narrative account of my experience as described herein.

Signature (If 18 or OVER): \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name (Of Program Participant): \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

(If UNDER 18) I am the Mother/Father/Legal Guardian of (child's name). For the consideration contained herein, I hereby consent to the foregoing on behalf of my minor child.

Signature of Mother/Father/Legal Guardian: \_\_\_\_\_

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# MEDICATION CONSENT FORM

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**THIS FORM IS *REQUIRED* FOR ALL CHILDREN, ESPECIALLY IF YOUR CHILD IS TAKING MEDICATION DURING THE POWER SCHOLARS PROGRAM DAY.**

Child's Name \_\_\_\_\_

School \_\_\_\_\_

SPECIAL DISABILITIES (If any): \_\_\_\_\_

ALLERGIES (including medication reaction): \_\_\_\_\_

MEDICAL OR DIETARY INFORMATION NECCESARY: \_\_\_\_\_

MEDICATION/SPECIAL CONDITIONS: \_\_\_\_\_

ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD: \_\_\_\_\_

FOR MEDICATION ADMINISTRATION DURING PROGRAM ONLY:

\_\_\_\_ This applies to my child                      \_\_\_\_ This does not apply to my child

Name of Medication: \_\_\_\_\_

Prescription: \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Date(s)/Days Medication to be Given: \_\_\_\_\_

-----> OVER



Times Medication to be Given: \_\_\_\_\_

Reason for Medication (including allergies):

\_\_\_\_\_

Possible Side Effects (including allergies):

\_\_\_\_\_

\_\_\_\_\_

Name and Phone Number of Prescribing Physician: \_\_\_\_\_

\_\_\_\_\_

Directions for Storage: \_\_\_\_\_

I, \_\_\_\_\_, (parent/guardian) give permission to an authorized staff member(s) to administer medication to my child as indicated above.

I, \_\_\_\_\_, (parent/guardian) give permission for my child to carry his/her own inhaler in his/her bag and self-administer as needed.

\_\_\_\_\_  
Signature of Parent/Guardian (**REQUIRED**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Doctor (for medications and children carrying inhalers)- (**REQUIRED**)

\_\_\_\_\_  
Date