

Special Services: Is your child eligible for English Language Learner services? _____ **Yes** _____ **No**
 (Check Yes or 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 Behavioral Health Technician? _____ **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, diagnosis, developmental or physical disabilities, that we should be aware of? If yes, please describe:

Child T-shirt Size _____ Youth Small _____ Youth Medium _____ Youth Large _____ Youth XL
 _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult XL

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. Please speak with the PSA Nurse, prior to the start of the program.

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 2025)? **Yes** **No**

If Yes, Please comment on any impact you believe Power Scholars has had on your child academically or otherwise at school during the 2025-2026 school 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: _____

Cell Phone: _____ Other phone: _____

Email Address: _____

ALL communications for Power Scholars are sent via email. Please ensure you are providing a valid 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: _____

Cell Phone: _____ Other phone: _____

Email Address: _____

ALL communications for Power Scholars are sent via email. Please ensure you are providing a valid email address.

Additional Emergency Contacts (First and Last Name)	Relationship to Child/ren	Address	Phone Number	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.

Parent/Guardian Signature

Date

Ethnicity Information:

- 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): This is for statistical purposes, and has no effect on your child's acceptance/denial from Power Scholars Academy. Please be truthful, although submission of documentation is not required.

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>be-fore</u> deductions)	Welfare, Child Support, Alimony	Pensions, Retirement, Social Security, SSI, VA benefits	CHECK IF NO INCOME
EXAMPLE: JANE SMITH	\$35,000 annually	\$150.00/ Twice a month	\$100.00/Monthly	
1.				
2.				
3.				
4.				
5.				

Is your child currently enrolled in:

Before school care: ___ No ___ Yes Where: _____ Hours there: _____
 After school care: ___ No ___ Yes Where: _____ Hours there: _____

Before Care services beginning at 7am and After Care services running until 6 pm will be available on site through YMCA Child Care @ Bear Creek Community Charter School. Are you in need of these services?

Circle One: YES NO

Note: Program space is limited and applications will be processed as they arrive. **Acceptance letters will be emailed beginning in May (or sooner).** Program provision and student participation is dependent on program funding.

Email Submission:

Jennifer.Brennan@wvymca.org

Please attach application as a PDF. DO NOT SEND PHOTOS

Mail/In Person Submission:

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. Applications submitted anywhere but directly to the YMCA WILL NOT BE PROCESSED.

MAKE SURE ALL QUESTIONS ARE ANSWERED. INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

Submit completed applications no later than Friday, June 5th, 2026.