



FIND THE GENIUS WITHIN

Power Scholars Academy™



ALL KIDS HAVE POTENTIAL!

Power Scholars Academy will help advance students' academic achievement through a summer experience that combines small group, rigorous academic instruction with fun, hands-on enrichment activities, field trips and service projects. Space is limited — enroll your child today!

**FREE AT SCHILLER AND
BURNET PARKS**

Days: Monday-Thursday, July 10-August 11

Grades: Rising 3rd, 4th and 5th graders

**APPLICATIONS DUE:
JUNE 29, 2017 to the Y**

FOR MORE INFORMATION
CONTACT: Alicia Roberson

aroberson@syracuseymca.org or
315-744-4420



building educated
leaders for life

ymca.net/achievement-gap



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

The Y has partnered with the City of Syracuse Parks and Recreation Department to provide a unique summer experience for rising 3rd, 4th and 5th grade scholars! This experience will take place July 10- August 11 beginning at 8:30am at Schiller Park and Burnet Park for a limited number of scholars at no cost.

In the morning the scholars will participate in Power Scholars Academy™; Power Scholars Academy™ is a partnership between the Y and the national nonprofit BELL (Building Educated Leaders for Life). It is a five-week summer program designed to not only tackle summer learning loss in math and reading, but to also foster physical and social-emotional growth. The summer learning program is designed to ensure scholars do not lose academic skills over the summer as well as enhance overall social-emotional development.

In the afternoon the scholars have the option to participate in the drop-in Parks and Recreation program at Schiller Park. This program is where the scholars can engage in enrichment activities such as chess and a community service project as well as several physical activities.

Time	Activity
8:30am	Breakfast/Community time: Scholars will start the day with breakfast and a community time activity to develop leadership skills and strong friendships.
30 min Y Program	
90 min Y Program	Literacy: Certified teachers lead literacy instruction using a customized Scholastic curriculum. The curriculum focuses on the priority skills critical for student success.
90 min Y Program	Math: Certified teachers lead math instruction using a customized curriculum developed by Scholastic. The curriculum focuses on foundational concepts to prepare students for the deep mathematical principles.
12:15pm Y Program	Lunch/Recess
1:00pm Y Program	Enrichment activities and community service
4pm end time Park and Recreation Drop-in program	Drop-in program through Syracuse City Parks and Recreation: Enrichment activities will be offered on various days throughout the program. Physical activity and games are available during this portion.

Important dates: 6/29/17- Registration forms due to Alicia Roberson
7/10/17- Program start date
8/11/17- Program end date

For more information please contact: Alicia Roberson, Director of Education at aroberson@syracuseymca.org or (315)744-4420.



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POWER SCHOLARS ACADEMY™ PROGRAM

Registration/Data Form: Schiller Park

Please complete the following information for each child enrolled in the program

Child's Name: _____
(Please Print) Last First Middle

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

Grade entering (Select one): 3 4 5

Child's Home Phone: _____

Child's Home/Mailing Address: _____
No. & Street or P.O. Box

City State Zip Code

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

Relationship to Child: _____ **Allowed to Pick-up?** Yes_____ No_____

Home Phone: _____ **Cell/Other Phone:** _____

Email Address: _____

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

Relationship to Child: _____ **Allowed to Pick-up?** Yes_____ No_____

Home Phone: _____ **Cell/Other Phone:** _____

Email Address: _____

Emergency Contact First & Last Name	Relationship to Child	Home Phone	Cell/Other Phone	Allowed to Pick-up?
1.				Yes_____ No _____
2.				Yes_____ No _____
3.				Yes_____ No _____

Does your child qualify for free or reduced lunch? _____ **Yes** _____ **No**



Ethnicity Information:

Please check the ethnic group the child most identifies with:

- Caucasian/White
- African American/Black
- Hispanic/Latino
- Native Hawaiian or other Pacific Islander
- American Indian or Alaska Native
- Asian
- Two or More

Primary Language Spoken at Home:

- English
- Other, please specify _____
- Spanish

Secondary Language Spoken at Home: _____

- 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**

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™, please complete the Medication Consent Form. (SEPARATE FORM)

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):



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POWER SCHOLARS ACADEMY™ Waiver and Release

I give my child permission to participate in POWER SCHOLARS ACADEMY™, including the evaluation process. I understand that this process includes collection of demographic data, attendance, academic outcomes and youth development outcomes.

I agree that the YMCA, YMCA of the USA, and anyone they give permission to, has the right to use my child's school data and my survey responses in any form or manner whatsoever and that I will have no objection to this now or in the future.

I understand and agree that the data and survey responses may be used as part of another work made by YMCA of the USA or others and that YMCA of the USA may provide this work to others as well.

No information about my child will be disclosed to anyone outside the research process. The research staff will maintain my child's confidentiality by not revealing his/her name through any material or data.

Parent's/Guardian's Signature _____ **Date** _____

Parent's/Guardian's Signature _____ **Date** _____



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MEDICATION CONSENT FORM FORA

1. Child's First and Last Name:	2. Date of Birth:	3. Child's Known Allergies:
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MEDICATION INFORMATION

4. Name of Medication (including strength):	5. Amount/Dosage to be given:	6. Route of Administration:
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7A. Frequency to be Administered: _____

OR

7B. Identify the symptoms that will necessitate administration of medication:
(signs & symptoms must be observable and when possible, measurable parameters)

8A. Possible Side Effects: See package insert for complete list of possible side effects (parent must supply)

AND/OR

8B. Additional Side Effects: _____

9. What action should the program take if side effects are noted:

Contact Parent Contact prescriber at phone number provided below

Other (describe): _____

10A. Special Instructions: See package insert for complete list of special instructions (parent must supply)

AND/OR

10B. Additional Special Instructions: (include any concerns related to possible interactions with other medication the child is receiving or concerns regarding the use of the medication as it relates to the child's age, allergies or any pre-existing conditions. Also describe situations when medication should not be administered.)

11. Reason the child is taking medication (unless confidential by law): _____

DOUBLE SIDED FORM



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PRESCRIBER INFORMATION

12. Date Prescriber Authorized:	13. Prescriber's Telephone Number:
14. Prescriber's Name (Please Print):	
15. Licensed Authorizes Prescriber's Signature:	

PARENT INFORMATION

16. Date Parent or Legal Guardian Authorized:	17. Parent/Legal Guardian's Telephone Number:
18. I, parent/legal guardian, authorize the program to witness the self-administration or the emergency administration of the medication as specified in the medication information section to: (Child's Name) _____	
19. Parent or Legal Guardian's Name (Please Print):	
20. Parent or Legal Guardian's Signature:	

DFC; F5A INFORMATION

21. Program Name:	22. Program Telephone Number:
23. I, have verified that #1-#20 are complete. My signature indicates that all information needed to witness the self-administration or staff emergency administration of this medication has been given to the program: _____	
24. Program Director's Name (Please Print):	25. Date Received from Parent:
26. Program Director's Signature:	
27. Date Parent/Guardian notified to Pick Up Medication: _____ Staff Signature: _____	
Date Picked Up by Parent: _____ Date Discarded: _____	

DOUBLE SIDED FORM



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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: _____

Date: _____

Printed Name: _____

Age: _____

Address: _____

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: _____

YMCA OF THE USA

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