

YWCA IS ON A MISSION

Dear Lackawanna Families,

Thank you for your interest in the YWCA's Summer Club for Lackawanna Middle School students. Our FREE summer program hours are 9am to 3pm, Monday through Thursday beginning July 9, 2018. Please note that the program will take place at Martin Road Elementary School.

The YWCA Summer Club offers engaging activities and field trips that support students' academic, social, emotional, and physical wellness. Breakfast, lunch, and a healthy snack will be provided through the Lackawanna Summer Lunch Program and the Child and Adult Food Care Plan, CACFP.

You will find the necessary enrollment paperwork in this packet. To secure your child's spot in the program, please complete all forms and return packet to the Extended School Day Office in Rm 116. Enrollment information can also be emailed or faxed using the information below.

We look forward to providing summer programming for your students this year!

Sincerely,

Kendra Durden and Joe Bieron
Co-Directors, Extended School Day Program
YWCA of WNY, Inc.
1005 Grant St. Buffalo, NY 14207

kdurden@ywca-wny.org
jbieron@ywca-wny.org

Phone- 716-725-8475
Fax- 716-852-6429

YWCA of Western New York

1005 Grant Street * Buffalo NY * 14207 *(716) 725-8475

Student's Information

Application Date: _____
Student's Name: _____ Age: _____ Date of Birth: _____
Address: _____ Phone #: _____ Male/Female
City: _____ State: _____ Zip Code: _____
School: _____ Grade (Fall 2018): _____

Parent/Guardian Contact

Parent/Guardian Name: _____ Parent/Guardian Name: _____
Cell Phone Number: _____ Cell Phone Number: _____
Place of Employment: _____ Place of Employment: _____
Work Phone Number: _____ Work Phone Number: _____

Emergency Contact

(This should be a list of local people who may be notified in case of an emergency when the above listed are unavailable)

Name	Relationship	Phone
1. _____		
2. _____		

Medical Information

Medications Taken Regularly: _____
Allergies: _____
Any activity/health limits: _____

Media Release

() I do () I do not give permission to have my child appear in any media coverage approved by the YWCA of WNY.

Emergency Health Care Authorization

I understand that in the event of an emergency I will be contacted by a staff member of the YWCA of WNY. I hereby authorize and request my child to receive First Aid services from the YWCA of WNY staff. In the event the incident requires emergency medical treatment from a professionally trained EMT, I give my permission for them to perform duties and they deem necessary.

Signature: _____ Date: _____

Administration of Medication

I give permission to the YWCA of WNY staff to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent.

Signature: _____ Date: _____

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Field Trip Transportation

I give permission to the YWCA of WNY staff to transport my student by bus for Summer Club Field Trips.

Signature: _____

Date: _____

Family Education Rights and Privacy Act (FERPA) Release

The Family Education Rights and Privacy Act prohibit the Lackawanna City School District from disclosing students' information (such as academic and behavioral performance or special needs) to any third part without the consent of a parent or guardian. In order for information to be released to the YWCA of WNY ESD Program, a parent or guardian must provide written consent. To do so, please complete the section below.

Student's name: _____

I hereby authorize the YWCA of Western New York Summer Club located at Lackawanna Middle School access to my student's records including attendance, performance (grades), Section 504 or Individual Educational Plans, Behavior Plans, or any data or documentation that will support my student's participation in the Summer Club Program.

Parent/Guardian Signature: _____

Date: _____

Transportation Plan

Please select the way you would like your child released from the program Monday-Thursday (choose one).

Walk: I grant my child permission to walk home following dismissal from the YWCA Summer Club.

Parent/Guardian Signature: _____

Date: _____

Bus: I grant my child permission to be bussed home following dismissal from the YWCA Summer Club.

Parent/Guardian Signature: _____

Date: _____

Pickup: My child will be picked up by a parent/guardian, or other authorized individual.

Parent/Guardian Signature: _____

Date: _____

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Authorized Pick Up List

ONLY the following people are approved to pick up this student:

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

The follow people **ARE NOT** allowed to pick up the student:

	Name	Relationship	Phone Number
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____