



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



**Young Leaders Academy**  
**Summer Session @ Carthage College**  
Summer Session: June 16th - July 25th, 2025

Registration Open: March 3, 2025-May 30, 2025

Register with Tanya: [twilliams@ymcaracine.org](mailto:twilliams@ymcaracine.org) or Ke'Land: [khiler@ymcaracine.org](mailto:khiler@ymcaracine.org)  
Monday-Thursday from 8am-3pm @ The George Bray Neighborhood YMCA  
924 Center Street

**RACINE FAMILY YMCA**  
[www.ymcaracine.org](http://www.ymcaracine.org)  
262.898-4757

**Young Leaders Academy  
2025 Summer Session  
Enrollment Form**

**Student Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_ **M.I** \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male \_\_\_\_ Female \_\_\_\_ t-shirt size: Youth M L / Adult S M L XL

Ethnicity: African –American \_\_\_\_ Caucasian \_\_\_\_ Hispanic \_\_\_\_ Asian \_\_\_\_ Bi-Racial \_\_\_\_  
Other \_\_\_\_

Lunch Status: Free \_\_\_\_ Reduced \_\_\_\_ Full \_\_\_\_

Student lives with: Both Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_ Guardian \_\_\_\_ other \_\_\_\_\_

This will be my child's \_\_\_\_\_ year at YLA Summer Session

For the 2025-2026 school year, my child will be attending (school name) \_\_\_\_\_ Grade: \_\_\_\_\_

**Parent/Guardian Information– Both parents must be listed or use N/A if not applicable.**

**1st Parent/Guardian First Name:** \_\_\_\_\_ **M.I** \_\_\_\_\_ **Last Name** \_\_\_\_\_

Gender: Male: \_\_\_\_ Female: \_\_\_\_ D.O. B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Where can we reach you while your child is at YLA Session?  
\_\_\_\_\_

**2nd Parent/Guardian First Name:** \_\_\_\_\_ **M.I** \_\_\_\_\_ **Last Name** \_\_\_\_\_

\_\_\_\_\_ Gender: Male: \_\_\_\_ Female: \_\_\_\_ D.O. B: \_\_\_\_/\_\_\_\_/\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Where can we reach you while your child is at YLA Session?  
\_\_\_\_\_

**Emergency contacts/others authorized to pick child up. Please list at least one person OTHER than parent or guardian.**

**#1 First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**#2 First Name:** \_\_\_\_\_ **Last Name** \_\_\_\_\_  
Relationship to child: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Medical Form**

**Medical and Behavior Questions to Help Us Provide the Best Care Possible  
(ALL lines must be filled out. If something does not apply, please use N/A)**

Does your child have special needs or restrictions on activity? Yes \_\_\_ No \_\_\_ if yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**1. Has your child had any of the following?**

Asthma \_\_\_\_\_ Autism \_\_\_\_\_ Diabetes \_\_\_\_\_ Cognitively or Learning Disabled \_\_\_\_\_  
ADD/ADHD \_\_\_\_\_  
Epilepsy/Seizures \_\_\_\_\_ Cerebral Palsy/Motor Disorder \_\_\_\_\_ Dietary Restrictions \_\_\_\_\_  
Food Allergies: \_\_\_\_\_ Non-Food Allergies \_\_\_\_\_  
Gastrointestinal or feeding concerns, including special diet and supplement \_\_\_\_\_  
Status of Vision & Hearing: \_\_\_\_\_  
Other Conditions requiring Special Care: \_\_\_\_\_

**2. Triggers that may cause any of the above problems (specify)** \_\_\_\_\_

**3. Signs or symptoms to watch for** \_\_\_\_\_

**4. Steps staff provider should follow** \_\_\_\_\_

**5. Identify any staff to which you gave specialized training/instructions** \_\_\_\_\_

**6. When to call parents regarding symptoms or failure to respond to treatment** \_\_\_\_\_

**7. Is the child currently taking any medication? Yes: \_\_\_ No: \_\_\_**

If yes, list medications and dosage: \_\_\_\_\_

**8. Additional information that may be helpful to us:** \_\_\_\_\_

Physician Name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Location: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

As the parent or legal guardian of the above named applicant, I give consent for emergency medical treatment prescribed by a duty licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under what conditions are necessary to preserve the life or well-being of my dependent.

My signature below indicates that I give permission for the YMCA Young Leaders Academy (YLA):

- To obtain emergency medical care including emergency transportation (for which I am financially responsible).
- To administer minor first aid
- To allow my child to be picked up by those emergency contacts listed if I cannot be reached.

My Insurance Carrier is: \_\_\_\_\_ Policy Number: \_\_\_\_\_

My signature below certifies that the information provided is correct.

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Young Leaders Academy 2025 Summer Session - Rules and Conditions

- I understand that the YLA summer session is for children who will be enrolled in grades 3<sup>rd</sup> -8<sup>th</sup>, during the 2025-2026 school year.
- I agree that all of my registration paperwork is accurate and completed.
- I agree not to hold the Racine Family YMCA and or its staff/volunteers, liable in the event of an accident or injury. Acknowledge that my insurance will cover any medical expenses.
- I give the YMCA permission to transport my child from the Racine Family YMCA to YLA site and field trips that may apply.
- I give consent to take my child's photograph during the program activities, to be used for educational and public relations purposes.
- I understand that the Racine Family YMCA is not responsible for lost, stolen or damaged personal items.
- I understand that **all fees are non-refundable and MUST be paid by due dates.**
- I understand that payment is required at the time of registration.
- I understand that there is **NO program** scholarship available for YLA summer session.
- I understand that there is no prorating fee due to missed days.
- I agree not to drop off my child before 8:00 a.m. unless I have paid for extended care.
- I agree to pick up my child at 3:30 p.m. unless I have paid for extended care.
- I acknowledge that my child will attend all weeks of the YLA summer session. (Unless specified)
- I understand that field trip fees are not included in the registration fee.
- I understand that final registration payments must be made by no later than June 9, 2025; otherwise my child may not attend.
- I have read and agree to abide by all rules and conditions of the Racine Family YMCA Young Leaders Academy 2025 summer session.

Child's Name: \_\_\_\_\_ Age as of June 18, 2025: \_\_\_\_\_

Parent/Guardian Name (print) \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Program Description

**YLA Summer Session**

75 youth participate in an interactive six-week summer session at Carthage College in Kenosha, WI. Qualified applicants must be incoming 3<sup>rd</sup> -8<sup>th</sup> grade students. Youth will attend academic classes (Math, Language Arts & World Languages) in the morning and, participate in fun and educational activities in the afternoons. Program operates Monday- Thursday from 8:30 am – 3:30 pm, with optional weekly field trips/community service projects on Fridays.

**Cost (NON-REFUNDABLE)**

Current 2025-2026 School Achievers YLA/ Current or returning participants- \$125  
First Time Participants- \$150

**Extended Care**

Extended care is from 6:00am -8:00am & 4:00pm-5:30pm. **Late fee of \$1 per minute will be assessed. There is no extended care available on Fridays.**

Cost: \$25 each week per child. (Week 3 is \$12.00)

Payments are due by the prior Friday for the week that care is needed.

**Field Trips**

We will have recreational field trips on Fridays, field trips are optional, non-refundable, and cost will vary depending on destination. Payments are due at the times specified below.

**Extended Care**

Please check dates your child will be attending extended care.

<input type="checkbox"/> Week 1- June 16 <sup>th</sup> -20 <sup>nd</sup>	Payment due by June 13, 2025
<input type="checkbox"/> Week 2 – June 23 <sup>th</sup> -27 <sup>th</sup>	Payment due by June 20, 2025
<input type="checkbox"/> Week 3 – June 30 <sup>th</sup> –July 4 <sup>th</sup>	Payment due by June 27, 2025
<input type="checkbox"/> Week 4 – July 7 <sup>th</sup> – 12 <sup>th</sup>	Payment due by July 4, 2025
<input type="checkbox"/> Week 5 – July 14 <sup>th</sup> – 18 <sup>th</sup>	Payment due by July 11, 2025
<input type="checkbox"/> Week 6 – July 21 <sup>st</sup> – 25 <sup>th</sup>	Payment due by July 18, 2025

**Field Trips**

<input type="checkbox"/> Week 1 6/20/25	<b>TBD \$30</b>	Payment Due by 6/13/25
<input type="checkbox"/> Week 2 6/27/24	<b>TBD \$30</b>	Payment Due by 6/20/25
<input type="checkbox"/> Week 3 7/05/25	<b>NO FIELDTRIP-4<sup>th</sup> of July weekend</b>	No Payment/No fieldtrip
<input type="checkbox"/> Week 4 7/11/25	<b>TBD \$30</b>	Payment Due by 7/4/25
<input type="checkbox"/> Week 5 7/18/25	<b>TBD\$30</b>	Payment Due by 7/11/25
<input type="checkbox"/> Week 6 7/25/25	<b>TBD\$ 30</b>	Payment Due by 7/18/25