



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY



Young Leaders Academy
Summer Session @ Carthage College
Summer Session: June 17th - July 25th, 2024

Registration Open: March 19, 2024-May 31, 2024

Register with Tanya Monday-Thursday from 8pm-3pm
@ The George Bray Neighborhood YMCA
924 Center Street

RACINE FAMILY YMCA
www.ymcaracine.org
262.634.1994

**Young Leaders Academy
2024 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 2024–2025 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: _____ **Middle Initial** _____ **Last Name** _____

Relationship to child: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

#2 First Name: _____ **Middle Initial** _____ **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 duly 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 dependant.

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 can not 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 2024 Summer Session - Rules and Conditions

- I understand that the YLA summer session is for children who will be enrolled in grades 3rd -8th, during the 2024-2025 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**
- 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 8:15 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 15, 2018; 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 2024 summer session.

Child's Name: _____ Age as of June 18, 2024: _____

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 3rd -8th 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 2024-2025 School Achievers YLA/ Past Summer YLA Participants- \$130

First Time Summer YLA Participants/ General Public- \$180

Extended Care

Extended care is from 6:00am -8:00am & 4:00pm-6:00pm. **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 17 th -21 nd	Payment due by June 14, 2024
<input type="checkbox"/> Week 2 – June 24 th -28 th	Payment due by June 21, 2024
<input type="checkbox"/> Week 3 – July 1 nd -3 rd	Payment due by June 28, 2024
<input type="checkbox"/> Week 4 – July 9 th – 13 th	Payment due by July 3, 2024
<input type="checkbox"/> Week 5 – July 16 th – 20 th	Payment due by July 12, 2024
<input type="checkbox"/> Week 6 – July 23 rd – 27 th	Payment due by July 19, 2024

Field Trips

<input type="checkbox"/> Week 1 6/21/24	TBD \$30	Payment Due by 6/14/24
<input type="checkbox"/> Week 2 6/28/24	TBD \$30	Payment Due by 6/21/24
<input type="checkbox"/> Week 3 7/05/24	TBD \$30	Payment Due by 6/28/24
<input type="checkbox"/> Week 4 7/12/24	TBD \$30	Payment Due by 7/5/24
<input type="checkbox"/> Week 5 7/19/24	TBD \$30	Payment Due by 7/12/24
<input type="checkbox"/> Week 6 7/26/24	TBD \$30	Payment Due by 7/19/24