



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

POWER SCHOLARS ACADEMY



WELCOME!

In partnership with Charlottesville City Schools, Y-USA and BellXcel, Piedmont Family YMCA is excited to offer Power Scholars Academy this summer. Power Scholars Academy is an invitation only, five-week, full-day, summer enrichment program that combines learning and fun in a camp-like experience while supporting the academic, physical and emotional development of youth. Through the generous support of our partners, students can participate in this program for free. The Power Scholars Academy is licensed by the State of Virginia and is committed to providing a safe and healthy environment for the growth and development of your child.

Students will work with certified Charlottesville City School teachers from 8:30am-12:30pm Mondays through Thursdays, followed by lunch and YMCA enrichment activities including STEM, arts, and play from 12:30-4:30pm. Before and after care is provided from 7:30-8:30am and 4:30-5:30pm. Fridays will include themed activities, field trips, swimming, activities and fun! Transportation is provided as needed. Breakfast, lunch and afternoon snack is also provided. Following a unique year, we want this to be a summer your child will never forget!





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REGISTRATION

Step 1: Online Registration

All students must reserve a spot by first registering online and completing all required fields. Register online at: piedmontymca.org/power-scholars

Step 2: Enrollment Forms

Complete enrollment packet with required forms (see Parent Checklist on pg. 8) and submit to the YMCA. For your convenience, you may submit your documents via any method listed below:

- 1) Fax to 434-270-7565
- 2) Email to youthandfamily@piedmontymca.org
- 3) Drop off in person to front desk at Brooks Family YMCA in McIntire Park
- 4) Turn in to the admin office at your child's school

NOTE: Students must be registered online AND have paperwork submitted to be successfully registered for the Power Scholars Academy. If you need assistance with online registration or have any questions regarding the application process, please email Bonita Patton at youthandfamily@piedmontymca.org or call 434-270-7538.

2021 POWER SCHOLARS ACADEMY LOCATIONS

Please select Power Scholars Academy location below:

- Greenbrier Elementary** (current Greenbrier/Venable students only)
- Clark Elementary** (current Clark/Burnley-Moran students only)
- Jackson-Via Elementary** (current Jackson-Via/Johnson students only)
- Walker Upper Elementary** (current Walker students only)

GENERAL INFORMATION

Program Dates: June 21-July 23, 2021
Hours of Operation: Monday – Friday, 7:30am – 5:30pm
Director: Bonita Patton
Email: youthandfamily@piedmontymca.org
Phone: 434-270-7538
Fax: 434-270-7565





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STUDENT REGISTRATION FORM

Please select the grade that your child is currently in (2020-2021 school year):

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Kindergarten | <input type="checkbox"/> Third Grade |
| <input type="checkbox"/> First Grade | <input type="checkbox"/> Fourth Grade |
| <input type="checkbox"/> Second Grade | <input type="checkbox"/> Fifth Grade |



Please indicate if your child attended the following Y Programs:

___ Virtual Learning Center ___ Schools Out Camp ___ Summer Camp

Student Information **ALL FIELDS ARE REQUIRED**		
Last Name	First Name	Middle Initial
Date of Birth	Home Phone	Male or Female
Street Address	City/State	Zip Code
Current School	Age	Race/Ethnicity
List all allergies, intolerance to food, medication, or any substances, and actions to take in an emergency situation: (FARE & Medication form required)		
List chronic physical problems and pertinent developmental information and any special accommodations needed. Does your child have an IEP or attend therapy for any reason?		
Physician's Name	Physician's Phone	
Who has Legal Custody*: *Must provide documentation if applicable	Code word (required at every pickup)	



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Parent Information			
Parent/Guardian 1	Employer	Business Phone	
Street Address	City/State	Zip	
Email Address	Date of Birth	Cell Phone	
Parent/Guardian 2	Employer	Business Phone	
Street Address	City/State	Zip	
Email Address	Date of Birth	Cell Phone	

Emergency Contacts			
In case of emergency if parents cannot be reached, please contact: (We require 2 different contacts other than the parents with different phone numbers)			
Name	Relationship to Child	Phone	
Street Address	City/State	Zip	
Name	Relationship to Child	Phone	
Street Address	City/State	Zip	

Authorized Pick-Up		
Who is authorized to pick up your child? We require I.D. when picking up a child and names must be on our list—if you need to add someone, please give a written note to your child’s Power Scholars Academy counselor.		
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone
Name	Relationship to Child	Phone



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PARENT STATEMENT OF UNDERSTANDING

The following information is important for the safety and protection of your child. Please read the information, initial and sign this form.

- I understand that YMCA staff and volunteers are not allowed to care for or transport children at any time outside of the YMCA program. ____
- I understand that I am not to leave my child at the program site unless a Program staff member or volunteer is there to receive and supervise my child. ____
- I understand that my child will not be allowed to leave the program on his/her own or with an unauthorized person. Any person authorized to pick up my child must either be listed with the YMCA or other arrangements must be made by calling the Program Director. ____
- I understand that should a person arrive to pick up my child who appears to be under the influence of drugs or alcohol, for the child's safety, staff will be required to contact the police. ____
- I understand that the YMCA is mandated, by state law, to report any suspected cases of child abuse or neglect to the appropriate authorities for investigation. ____
- I understand that there will be a charge of \$1.00 for every minute that my child remains in care waiting to be picked up after the end of the program. If I or another authorized person has not been contacted within 30 minutes after the end of the program, Social Services and/or the Police Department will be notified. ____
- I understand that my child's participation in this program is a privilege that can be revoked if my child fails to exhibit proper respect for program staff or volunteers. ____
- I understand that breakfast, lunch, and afternoon snack will be provided by Charlottesville City Schools however I can voluntarily pack meals per guidelines below. ____
 - all items must be labeled with first/last name and date
 - glass containers are NOT permitted
 - food cannot contain peanuts or tree nuts (cashews, almonds, pecans, etc.)
- The YMCA shall notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if requested to by the YMCA. ____

PARENT STATEMENT OF UNDERSTANDING (cont.)

- I will inform the Power Scholars Academy staff within 24 hours or next business day after my child or any member of the immediate household has developed any reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately. ____
- I authorize the YMCA Staff to obtain immediate medical care if any emergency occurs when the parent/guardian cannot be located immediately. I understand that if I have an objection to the provision of such care on religious or other grounds this objection must be made in writing to the YMCA. ____
- I agree to provide the YMCA with all requested documents before my child can begin program (birth certificate, physical, immunizations, etc.) ____
- I give permission for my child to go on all field trips (including lakes/pools) outside of the facility, to be transported in school buses, which are operated by certified bus drivers. ____
- I give permission for my child to be included in the YMCA and/or Power Scholars Academy photos and videos. I understand that these photos and videos may be used for promotional use and social media. ____
- I agree that in the event of illness, vacation, or other absences, I will notify Power Scholars Academy by 8:30am that day. ____
- I understand that if my child has any special needs or circumstances, I will provide documentation to better serve my child's needs. An action plan to ensure success in the program may be needed if discipline or behavior becomes an issue. ____
- I understand that punctuality and daily attendance is required to succeed in the Power Scholars Academy and will maximize my child's learning potential. If excessive tardiness or absences occur (3 or more), I will be contacted by the Program Director. ____
- I have received a copy of the 2021 YMCA Power Scholars Academy Handbook and have read and understand the statements above. ____

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

Child's Name: _____



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SWIM FORM

Swim days are fun days for the children. To make sure they are also safe days, we remind you that we supervise the children on at least a 1:12 ratio, and that every swimming occasion has certified lifeguards present at all times. Some of the staff will be in the water with the children, while others will be watching them from an effective vantage point.

On swim days, all children must bring a swimsuit, change of clothes, and a towel to participate.

Children may bring personal life vests (must be a Coast Guard approved life vest; water wings are not allowed). Puddle jumpers are very common for young swimmers and are Coast Guard approved. Pool toys are not allowed.

Please choose one of the options below:

- My child is a non-swimmer (unsafe in water above the shoulders). Children designated as non-swimmers will remain in the shallow end of the pool.
- My child is a swimmer (safe in water above shoulders).

Please note children are NOT allowed past 4.5 ft. of water. The YMCA will not administer swim tests. All children marked as non-swimmers will remain in water below their shoulders (zero depth entry area).

By signing below, you are giving permission for your student to go swimming at the Brooks Family YMCA.

Child's name: (One form per child) _____

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





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SUNSCREEN PERMISSION FORM

I give my permission for the staff at Power Scholars Academy to apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child, as specified below, when he or she will be playing outside. I further understand that sunscreen may be applied to exposed skin, including but not limited to the face, tops of ears, nose, bare shoulders, arms, and legs. *Children nine years of age and older may administer their own sunscreen if supervised.

The YMCA Staff cannot apply the sunscreen except in the presence of multiple staff. I have checked all applicable information regarding the type and use of the sunscreen for my child:

- Staff may apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child as described above.
- I do not give the staff permission to apply Rocky Mountain SPF 30 Kids Broad Spectrum Sunscreen to my child. I will furnish sunscreen for my child (required to fill out another permission form).

Please note any adverse reactions:

Child's name: (One form per child): _____

Parent's or Guardian's Full Name (Please Print): _____

Parent's or Guardian's Signature: _____ Date: _____

PARENT CHECKLIST

- Student Enrollment Form
- Parent Statement of Understanding
- Swim Form
- Sunscreen Permission Form
- Medication Form (if applicable and MUST be signed by physician)
- F.A.R.E. Form (food allergies only and MUST be signed by physician)
- Commonwealth of VA School Entrance Health Form, including:
 - Certificate of Immunization (signed/dated by physician)
 - Physical Exam (signed/dated by physician)
- Copy of Child's Birth Certificate

Medication Authorization Form

For Prescription and Non-prescription Medications

VDSS Division of Licensing Programs Model Form



INSTRUCTIONS:

- **Section A** must be completed by the parent/guardian for **ALL** medication authorizations.
- **Section A and Section B** must be completed for any **long-term medication authorizations** (those lasting longer than 10 working days).

Section A: To be completed by parent/guardian

Medication authorization for: _____
(Child's name)

_____ has my permission to administer the following medication:
(Name of Child Care Provider)

Medication name: _____

Dosage and times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Parent's or Guardian's Signature: _____ Date: _____

Section B: to be completed by child's physician

I, _____ certify that it is medically necessary for the medication(s) listed
(Name of Physician)

below to be administered to: _____ for a duration that exceeds 10 work days.
(Child's name)

Medication(s): _____

Dosage and Times to be administered: _____

Special instructions (if any): _____

This authorization is effective from: _____ until: _____
(Start date) (End date)

Physician's Signature: _____ Date: _____

Name: _____ D.O.B.: _____

Allergy to: _____

Weight: _____ lbs. Asthma: Yes (higher risk for a severe reaction) No

NOTE: Do not depend on antihistamines or inhalers (bronchodilators) to treat a severe reaction. USE EPINEPHRINE.

Extremely reactive to the following allergens: _____

THEREFORE:

- If checked, give epinephrine immediately if the allergen was LIKELY eaten, for ANY symptoms.
 If checked, give epinephrine immediately if the allergen was DEFINITELY eaten, even if no symptoms are apparent.

FOR ANY OF THE FOLLOWING:
SEVERE SYMPTOMS



LUNG

Shortness of breath, wheezing, repetitive cough



HEART

Pale or bluish skin, faintness, weak pulse, dizziness



THROAT

Tight or hoarse throat, trouble breathing or swallowing



MOUTH

Significant swelling of the tongue or lips



SKIN

Many hives over body, widespread redness



GUT

Repetitive vomiting, severe diarrhea



OTHER

Feeling something bad is about to happen, anxiety, confusion

OR A COMBINATION of symptoms from different body areas.



INJECT EPINEPHRINE IMMEDIATELY.

- Call 911.** Tell emergency dispatcher the person is having anaphylaxis and may need epinephrine when emergency responders arrive.
- Consider giving additional medications following epinephrine:
 - » Antihistamine
 - » Inhaler (bronchodilator) if wheezing
- Lay the person flat, raise legs and keep warm. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve, or symptoms return, more doses of epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport patient to ER, even if symptoms resolve. Patient should remain in ER for at least 4 hours because symptoms may return.

MILD SYMPTOMS



NOSE

Itchy or runny nose, sneezing



MOUTH

Itchy mouth



SKIN

A few hives, mild itch



GUT

Mild nausea or discomfort

FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.

FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW:

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person; alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

MEDICATIONS/DOSES

Epinephrine Brand or Generic: _____

Epinephrine Dose: 0.1 mg IM 0.15 mg IM 0.3 mg IM

Antihistamine Brand or Generic: _____

Antihistamine Dose: _____

Other (e.g., inhaler-bronchodilator if wheezing): _____

PATIENT OR PARENT/GUARDIAN AUTHORIZATION SIGNATURE

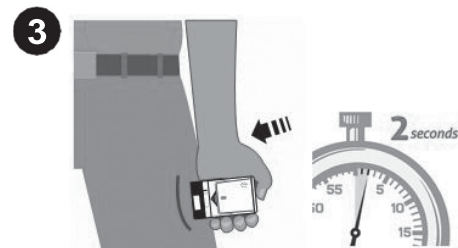
DATE

PHYSICIAN/HCP AUTHORIZATION SIGNATURE

DATE

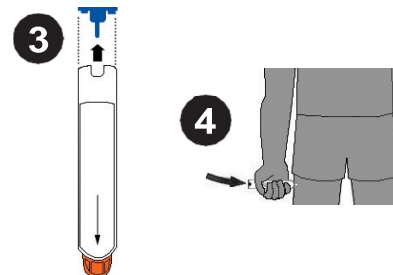
HOW TO USE AUVI-Q® (EPINEPRHINE INJECTION, USP), KALEO

1. Remove Auvi-Q from the outer case.
2. Pull off red safety guard.
3. Place black end of Auvi-Q against the middle of the outer thigh.
4. Press firmly until you hear a click and hiss sound, and hold in place for 2 seconds.
5. Call 911 and get emergency medical help right away.



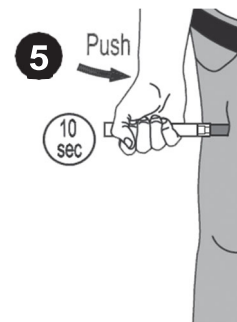
HOW TO USE EPIPEN® AND EPIPEN JR® (EPINEPHRINE) AUTO-INJECTOR AND EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF EPIPEN®), USP AUTO-INJECTOR, MYLAN AUTO-INJECTOR, MYLAN

1. Remove the EpiPen® or EpiPen Jr® Auto-Injector from the clear carrier tube.
2. Grasp the auto-injector in your fist with the orange tip (needle end) pointing downward.
3. With your other hand, remove the blue safety release by pulling straight up.
4. Swing and push the auto-injector firmly into the middle of the outer thigh until it 'clicks'.
5. Hold firmly in place for 3 seconds (count slowly 1, 2, 3).
6. Remove and massage the injection area for 10 seconds.
7. Call 911 and get emergency medical help right away.



HOW TO USE IMPAX EPINEPHRINE INJECTION (AUTHORIZED GENERIC OF ADRENACLICK®), USP AUTO-INJECTOR, IMPAX LABORATORIES

1. Remove epinephrine auto-injector from its protective carrying case.
2. Pull off both blue end caps: you will now see a red tip.
3. Grasp the auto-injector in your fist with the red tip pointing downward.
4. Put the red tip against the middle of the outer thigh at a 90-degree angle, perpendicular to the thigh.
5. Press down hard and hold firmly against the thigh for approximately 10 seconds.
6. Remove and massage the area for 10 seconds.
7. Call 911 and get emergency medical help right away.



ADMINISTRATION AND SAFETY INFORMATION FOR ALL AUTO-INJECTORS:

1. Do not put your thumb, fingers or hand over the tip of the auto-injector or inject into any body part other than mid-outer thigh. In case of accidental injection, go immediately to the nearest emergency room.
2. If administering to a young child, hold their leg firmly in place before and during injection to prevent injuries.
3. Epinephrine can be injected through clothing if needed.
4. Call 911 immediately after injection.

OTHER DIRECTIONS/INFORMATION (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can worsen quickly.

EMERGENCY CONTACTS — CALL 911

RESCUE SQUAD: _____

DOCTOR: _____ PHONE: _____

PARENT/GUARDIAN: _____ PHONE: _____

OTHER EMERGENCY CONTACTS

NAME/RELATIONSHIP: _____

PHONE: _____

NAME/RELATIONSHIP: _____

PHONE: _____