



APPLICATION

Monday-Thursday

3:45-7:00 PM

1st-8th Grades

Located at _____

The program is **free**.

Each day, Bearcat Scholars will enjoy:

- Snack
- Personalized tutoring
- Hands-on Science-Technology-Engineering-Arts-Math Challenges
- Dinner

Acceptance will be based on the student's application, attendance record, academics, and behavior.

Complete this application and return it to your student's school to apply for the 2019-2020 Bearcat Scholars After School Program. If your child is accepted, you will be informed of your child's start date in the program (as early as September 9th) by your student's school. Once your student is enrolled, a parent or guardian is required to attend an informational meeting at your student's school.

Questions or concerns, please contact Ms. Billings at billisar@yorkbearcats.org

Stay tuned for details on our weekly family dinner!

Parents & Guardians: Make sure to complete all of the following:

_____ Student Information (pg 2)

_____ Health Information (pg 3)

_____ Attendance and Late Pick Up Agreement (pg 4)

_____ General Waiver (pg 5)

_____ Student & Parent/Guardian Questions (pg 6)

_____ Boy Scouts Waiver (pg 7)

School Staff: Please double check for completion. Applications can scanned and email to billisar@yca.k12.pa.us or sent through interoffice mail to Sarah Billings at STEAM, Room 313.



STUDENT INFORMATION FORM

Complete this registration packet and return it to your student's school to register for the 2019-2020 Bearcat Scholars After School Program. Enrollment will be based on the student's application, attendance record, academics, and behavior.

Completing this application does not ensure acceptance in the program. You will be informed of acceptance by your student's school.

STUDENT NAME: _____ | ID #: _____
(last name) (first name)

SCHOOL: _____ GRADE: _____ TEACHER: _____

PARENT/GUARDIAN INFORMATION

PARENT/GUARDIAN NAME: _____ | _____
(last name) (first name)

Relationship to student: _____ Cell phone: _____
 Work phone: _____ Home phone: _____
 Language(s): _____

PARENT/GUARDIAN NAME: _____ | _____
(last name) (first name)

Relationship to student: _____ Cell phone: _____
 Work phone: _____ Home phone: _____
 Language(s): _____

EMERGENCY CONTACT & PICK UP

List person(s) authorized to pick up your child besides parent(s) or guardian(s) listed above. Person must show picture I.D. at pick up

CONTACT NAME: _____ | _____
(last name) (first name)

Relationship to student: _____ Cell phone: _____
 Work phone: _____ Home phone: _____
 Language(s): _____

CONTACT NAME: _____ | _____
(last name) (first name)

Relationship to student: _____ Cell phone: _____
 Work phone: _____ Home phone: _____
 Language(s): _____

CONTACT NAME: _____ | _____
(last name) (first name)

Relationship to student: _____ Cell phone: _____
 Work phone: _____ Home phone: _____
 Language(s): _____

I hereby authorize all of the adults listed here to pick up my student from the After School Program. By signing in this I acknowledge that I am responsible for completing a new form should any individual's permission to pick up my child changes.

_____ (Parent/Guardian Signature)



HEALTH INFORMATION FORM

STUDENT LAST NAME: _____ STUDENT FIRST NAME: _____

HEALTH INFORMATION

Is your child under medical care or taking any medication(s)? Yes No

If yes, please check all of the following conditions that your child has and indicate if medication needs to be dispensed at school?

- | | | | |
|--|---------|--|--|
| <input type="checkbox"/> Bee Sting Allergy | Epi-pen | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other Allergies: _____ |
| <input type="checkbox"/> Asthma | Inhaler | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Special Needs / Disability: _____ |
| <input type="checkbox"/> Diabetes | Insulin | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Vision / Hearing | Glasses | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Physician's Name: _____ Phone #: _____

Address: _____ Medi-Cal: Yes No

Health Insurance # _____

PHOTO PERMISSION

Does the program have permission to use photos of your child in educational or promotional materials?

Yes: _____ No: _____

DISMISSAL

My child will be:

- walking home independently
- picked up



ATTENDANCE & LATE PICK-UP AGREEMENT

ATTENDANCE

Your child's attendance is critical to this program. Your child may not miss more than 85% of the program (approximately 2-3 days per month). Upon missing 2 or more days within a month, your child's attendance will be reviewed and their enrollment in the program may be revoked.

Action Steps for Dismissal from the Program due to attendance:

- If your child misses more than 2 days in a month, you will receive a written notice from the Site Coordinator. The written notice will be documented.
- After the SECOND attendance notice, your child will be REMOVED from the Bearcat Scholar After School Program.

LATE PICK UP

Your child will need to be picked up/walk home **by 7 pm Monday-Thursday**. Please plan to arrive by 6:50 as students must be picked up **on time**. There is a 5-minute wait period, ending at 7:05 PM. After this wait period, you will receive a written notice. After the second written notice, your child's enrollment in the program may be revoked. If your child has not been picked-up by 7:15 pm, the York City Police Department will be notified.

Action Steps for Dismissal from the Program due to late pick up:

- If your child is picked up AFTER the 5-minute waiting period (7:05 pm), you will receive a written notice from the Site Coordinator. The written notice will be documented.
- After the SECOND documented late pick up, your child will be REMOVED from the Bearcat Scholar After Program.

By signing below it states that, I understand that **my child will need to be picked up/walk home at 7 pm Monday-Thursday* and that my child may not miss more than 2 days per month in the Bearcat Scholars After School Program.**

Student Name: _____

Grade: _____

Parent/Guardian signature: _____

Date: _____



GENERAL WAIVER

By signing this I am stating that I am interested in enrolling my child in the free after school program and I allow him/her to participate in all of the activities offered by the program.

I also understand that allowing my child to participate in the Bearcat Scholars After School Program during the 2019-2020 school year. I am signing this release of liability and agree to be bound by the terms and conditions herein. I further release the after school staff and other participating organizations/businesses and the York City School District (to include its employees and volunteers) from any claim that I may have or my child may have against them as a result of any physical injury or illness sustained by my student while participating in this program. If my child experiences injury or illness while in the program, I authorize the program personnel to obtain medical or other emergency assistance, as they deem appropriate, and I agree to pay all costs associated with such services.

Student Name: _____

Grade: _____

Parent/Guardian signature: _____

Date: _____

APPLICATION QUESTIONS

Student Questions: Students, please answer the following questions in complete sentences.

1. What is your favorite school subject and why?

2. Why would you like to attend the Bearcat Scholars After School Program?

3. What is one thing you like to do?

Parent Questions: Parents, please answer the following questions.

1. Why do you want your child to attend the Bearcat Scholars After School Program?

2. What are your child's two greatest strengths?

3. How would you like to see your child grow in the following areas?

Academically:

Socially/emotionally/behaviorally:

4. What are your dreams for your child?

BSA YOUTH MEMBER APPLICATION

YOUTH INFORMATION

First name (full legal name)

Middle name

Last name

Suffix

Preferred nickname

Country

Mailing address

City

State

Zip code

Country

Date of birth (mm/dd/yyyy) /

Grade

Ethnic background:
 Black/African American Native American Alaska Native Male Female
 Caucasian/White Pacific Islander Asian
 Hispanic/Latino Other

School

PARENT/LEGAL GUARDIAN INFORMATION

Mark here if address is same as above. Mark here if you are the Lion or Tiger adult partner. Mark here if the Lion or Tiger adult partner is not living at the same address and complete and attach an adult application.

Select relationship: Parent Legal Guardian Grandparent Other (specify)

First name (full legal name)

Middle name

Last name

Suffix

Preferred nickname

Country

Mailing address

City

State

Zip code

Primary phone

Date of birth (mm/dd/yyyy) /

Occupation

Employer

Alternate phone

Ext.

Previous Scouting experience

I have read the attached information for parents and approve the application. I affirm that I have or will review *How to Protect Your Children From Child Abuse: A Parent's Guide*.

Signature of parent/legal guardian

Parent/legal guardian email address

Date /

To be completed by unit

Signature of unit leader (or designee)

Date /

Unit type: Pack Troop Crew Ship Lone Cub Scout Lone Scout Arrow of Light Has earned Arrow of Light
 Lion Tiger Wolf Bear Webeles

For pack registration select one: Cash Check No.

Scout Life fee \$

Scout Life fee \$

Registration fee \$

Enter membership number from unexpired certificate:

Multiple application

Council No.:

Unit type: Pack Troop Ship Crew

Unit No. or district name:

If applicant has unexpired membership certificate, registration may be accomplished at no charge by transferring the registration or multiple registering.