



Structural Design Camp

A STEAM Summer Camp

2016 SUMMER ENRICHMENT PROGRAM

Y.A.C.H.T.

**Young Adult Careers with
Hands-On Training**

Uniontown Area YMCA

**Dates: June 20th thru June 24th Monday thru Friday from 6 PM-9PM
Grades 7 & 8**

STUDENT INFORMATION – ALL FIELDS MUST BE COMPLETED.

FOR OFFICE USE ONLY

School Attending:

Registration Rec'd: _____

Student's Name:

Starting Date: _____

Mailing Address:

Physical Address:

City:

State:

Zip Code:

Date of Birth:

Age:

Gender:

Male

Female

Primary Language Spoken at Home:

Medical Conditions/Allergies:

Special Needs or Disabilities:

Yes

No

If yes, you MUST specify what?

Yes

No

Please specify:

Student Eligible for free lunch or Reduced Lunch:

Yes

No

Ethnic Group:

(Please select ONLY one)

American Indian/Alaskan Native Asian/Pacific Islander Black/African American

Hispanic/Latino White/Caucasian

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name:

Relationship:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Please circle the best way to contact above.

EMERGENCY CONTACT PERSON

Relationship:

Mailing Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Cell Phone:

Email:

STUDENT REGISTRATION CONTINUED

Please list the name of the individuals below who are allowed to pick up your child:

Parent/Guardian: _____ Phone: _____ Relationship: _____

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*Safety is priority for the PIC Enrichment Program; therefore, no child enrolled in this program will be released from the program without a parent/guardian signature or that of one the three individuals above. Photo identification should be provided at time of pick up.
(Note: the names above must be of someone 18 years or older.)*

DISCLAIMER

Funding for the Enrichment Program requires that statistical information for participating students is collected and reported. Evaluators keep the information confidential and no information is reported on individual children. Your name, your child's name or identifying information will be kept anonymous and will not appear in any printed report from the study.

PRESS RELEASE

I give my permission for the Private Industry Council of Westmoreland/Fayette, Inc. (PIC) and its partnering organizations to use my name and/or photograph(s) for purposes of publication in newspapers, magazines, or other print media, as well as in radio, television and on the internet on their company website, as may be appropriate for publicizing their programs.

I release PIC of any liability which may involve the publicizing of my name and/or photograph(s).

Yes, I give permission to use my child photo and name.

No, I do not give my permission to use my child's photo or name.

Parent/Guardian Signature: _____

Date: _____

Program Rules and Policies**Program Rules**

- Bullying will not be tolerated.
- Treat each other as you would want to be treated. Teasing, name calling, and fighting will not be tolerated.
- Respect school and personal property.
- Make sure to have your personal belongings with you at all times.
- All supplies and materials must be put away and all garbage thrown away in the appropriate place.
- The same school rules for the bus apply to the program.
- Students must follow the directives from teachers and aides to ensure the safety of all students.
- Cell phones, iPods, MP3 players, and all other electronic equipment will not be permitted during program hours. PIC will not be responsible for lost, damaged, or stolen items.

General Notes

- Sandals are not permitted, please wear sneakers or shoes suitable for running.
- Wear comfortable clothing that may be damaged due to the hands-on projects.
- No tank tops or short-shorts are allowed.

STATEMENT OF FAMILY SIZE/FAMILY INCOME

Name: _____ Social Security No.: _____

List family members that reside in household, relationship, last six (6) months income, and source of income.

Family Members Names	Relationship to Applicant	Source of Income	Family Member Income (Last Six Months)
Total Number in Family:			Total Income:

Sources of income: Employment, Self-Employment, Pension, Alimony, Worker's Compensation, and Social Security Retirement/Survivor Benefits

*****You MUST include copies of proof of income such as pay stubs, social security benefits, public assistance records, etc.*****

Additional Sources of Family Income not included in Income Eligibility: (validation documentation must be included)

- Does your family currently receive Cash Public Assistance? Yes No
- If not, did your family receive Cash Public Assistance within the last six (6) months? Yes No
- Does your family receive Food Stamps? Yes No
- If not, did your family receive Food Stamps within the last six (6) months? Yes No
- Does anyone in your family receive Supplemental Social Security (SSI)? Yes No
- Does anyone in your family receive Social Security Disability Income? Yes No
- Do you receive child support? Yes No

I attest to the best of my knowledge that the information above is true and correct.

Signature of Applicant Date

Signature of Parent or Guardian Date

CORROBORATING WITNESS – I attest to the best of my knowledge that the information is true and correct.

Name: _____ Signature _____ Date _____

Telephone Number: _____ Relationship to Applicant: _____