

YWCA IS ON A MISSION

Dear Lackawanna Families,

Thank you for expressing interest in the YWCA Extended School Day Program at Lackawanna Middle School. You will find the necessary enrollment paperwork in this packet. To secure your child's spot in the program, please complete all necessary paperwork and return it to the Middle School Main Office.

Our FREE Extended School Day Program hours are 2:04-4:34, on Tuesdays, Wednesdays, and Thursdays. The staff has begun working together to provide engaging activities and enrichment programs offered during after school hours that focus on four themes: Health and Wellness, Leader in Me, Science Academy, and Artists' Academy.

We are also using the Child and Adult Food Care Plan, CACFP, to provide a healthy snack and dinner for the children. Busing also is provided.

All enrollment paperwork can be e-mailed or delivered in person. Please reference the contact information below.

We look forward to providing the Extended School Day Program for your family at Lackawanna Middle School this year!

Sincerely,

Kristin Garaas-Johnson, Ed.D.
Director of Extended School Day Program
YWCA of WNY, Inc.
1005 Grant St. Buffalo, NY 14207
KGaraas-Johnson@YWCA-WNY.org
Phone- 716-725-8475
Fax- 716-852-6429

YWCA of Western New York

1005 Grant Street * Buffalo NY * 14207 *(716) 447-1494

Student's Information

Application Date: _____

Student's Name: _____ Age: _____ Date of Birth: _____

Address: _____ Phone #: _____ Male/Female

City: _____ State: _____ Zip Code: _____

School : _____ Grade (Fall 2016): _____

Parent/Guardian Contact

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Cell Phone Number: _____

Cell Phone Number: _____

Place of Employment: _____

Place of Employment: _____

Work Phone Number: _____

Work Phone Number: _____

Emergency Contact

(This should be a list of local people who may be notified in case of an emergency when the above listed are unavailable)

Name	Relationship	Phone
1. _____	_____	_____
2. _____	_____	_____

Medical Information

Medications Taken Regularly: _____

Allergies: _____

Any activity/health limits: _____

Media Release

() I do () I do not give permission to have my child appear in any media coverage approved by the YWCA of WNY.

Emergency Health Care Authorization

I understand that in the event of an emergency I will be contacted by a staff member of the YWCA of WNY. I hereby authorize and request my child : _____ to receive First Aid services from the YWCA of WNY staff. In the event the incident requires emergency medical treatment from a professionally trained EMT, I give my permission for them to perform duties and they deem necessary.

Signature: _____

Date: _____

Administration of Medication

I give permission to the YWCA of WNY staff to administer over-the-counter topical ointments, including sunscreen lotion and topically applied insect repellent.

Signature: _____

Date: _____

Field Trip Transportation

I give permission to the YWCA of WNY staff to transport my student by bus for Extended School Day Field Trips.

Signature: _____

Date: _____

Parent Handbook

I, _____, have received and will abide by the policies outlined in the YWCA of WNY Extended School Day handbook for parents.

Child's Name: _____

Parent/Guardian Signature: _____

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Student Name : _____

Extended School Day Transportation Plan

My student will:

Take the provided transportation (bus) home. ____

Walk home (separate permission form must be on file). ____

Be picked up by a parent or guardian (all children must be picked up no later than 4:45 p.m.). ____

Authorized Drop Off & Pick Up List

ONLY the following people are approved to pick up this student:

	Name	Relationship	Phone Number
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		

The follow people **ARE NOT** allowed to pick up the student:

	Name	Relationship	Phone Number
1.	_____		
2.	_____		
3.	_____		+