



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# YMCA BRADFORD MIDDLE/HIGH SCHOOL 21ST CENTURY COMMUNITY LEARNING CENTER PROGRAM

**Site: Bradford Area High School**

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Pennsylvania Nita M. Lowey  
21<sup>st</sup> Century Community  
Learning Centers Program

**21st CCLC Goal:** Assist youth to meet state standards for core academic subjects by providing them with academic and enrichment opportunities.

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**The YMCA 21st Century Community Learning Center Program offers FREE academic support and enrichment opportunities to help students with homework and tutoring. In addition to academic assistance, the program includes a wide range of enrichment activities such as STEAM lessons, physical education, art, cooking, and more!**

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## **Program 2024–2025 Information:**

**All children must have a completed registration submitted to the Bradford Family YMCA or emailed directly to your child's program director by the 15th of the previous month to be eligible to start in the program the following month.**

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YMCA Bradford Middle/High School 21st CCLC Program (Credit Recovery Program)

Director: Tammy Putt

Program/Site Information:

Bradford Area High School (Grades 9th-12th): YMCA Credit Recovery Program

- Days: Monday-Friday
- Times: 3:00pm-6:00pm
- Start Date: August 28th, 2024
- End Date: June 5th, 2025

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YMCA Bradford Middle/High School 21st CCLC Program (Bradford Area High School: YMCA 21st CCLC Club Programs)

Director: Tammy Putt

Program/Site Information:

Bradford Area High School (Grades 9th-12th): YMCA 21st CCLC Club Programs

- Days: Monday-Friday
- Times: 3:00pm-6:00pm
- Start Date: September 24th, 2024
- End Date: May 23rd, 2025

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Select the programs you wish to enroll in:

Full School Year Program (Monday-Friday 3:00-6:00 pm):

- **BAHS YMCA Credit Recovery Program**

YMCA 21st CCLC Club Programs (Monday-Thursday 3:00-5:15 pm):

- **Fall ShowCase (September 23rd–November 1st):** Work with the talented Mr. Dutko to prepare for the Fall Showcase. He'll help you grow musically, provide constructive feedback, and get you ready for post-secondary opportunities in the arts.
- **College Prep (December):** Learn college research, essay writing, applications, and financial aid tips, including scholarships and FAFSA.
- **Career Readiness (January):** Members will build resumes, participate in mock interviews, and learn effective job search strategies. This prepares them to succeed in their careers and stand out in competitive job markets.
- **Entrepreneurship (February):** Develop business ideas, learn market research, and pitch skills, with real-world projects and guest speakers.
- **Community Service (March):** Engage in volunteer work, including clean-ups and helping local shelters. Build leadership, empathy, and teamwork—skills valued by colleges and employers.
- **Spring ShowCase (March 31st–May 1st):** Work with the talented Mr. Dutko to prepare for the Fall Showcase. He'll help you grow musically, provide constructive feedback, and get you ready for post-secondary opportunities in the arts.
- **Lifeguard Certification (May 5th–29th):** Limited to 12. Certification is contingent upon ability to pass required components of course. Students will gain hands-on experience through practical exercises in the pool, learning how to respond effectively to emergencies

and ensure the safety of swimmers. Upon successful completion, participants will receive a recognized lifeguard certification, providing them with valuable qualifications for summer jobs, part-time work, or future career opportunities in aquatic and safety roles.

**EMERGENCY CONTACT / PARENTAL CONSENT FORM**

<b>YMCA 21st CCLC SITE (CIRCLE CHILD'S SCHOOL LOCATION)</b>			
<b>GGB</b>	<b>SCHOOL STREET</b>	<b>FRETZ</b>	<b>BAHS SMETHPORT OSWAYO VALLEY</b>
<b>CHILD'S NAME</b>	<b>GRADE</b>	<b>D.O.B.</b>	<b>HOMEROOM TEACHER</b>
<b>ADDRESS</b>			
<b>PARENT/LEGAL GUARDIAN'S NAME #1</b>		<b>HOME TELEPHONE NUMBER</b> ( )	
<b>PARENT/GUARDIAN'S EMAIL</b>		<b>PARENT/GUARDIAN'S DATE OF BIRTH</b>	
<b>ADDRESS</b>			
<b>PARENT/LEGAL GUARDIAN'S NAME #2</b>		<b>HOME TELEPHONE NUMBER</b> ( )	
<b>PARENT/GUARDIAN'S EMAIL</b>		<b>PARENT/GUARDIAN'S DATE OF BIRTH</b>	
<b>PERSON(S) TO WHOM CHILD MAY BE RELEASED</b> <u>NAME</u> <u>ADDRESS</u> <u>TELEPHONE NUMBER WHEN CHILD IS IN CARE</u>			
<b>ASTHMA: YES/NO</b>			
<b>FOOD ALLERGIES OR OTHER HEALTH CONDITIONS</b>			
<b>ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD</b>			

TRANSPORTATION (CIRCLE ALL THAT APPLY)

BUS PICK-UP WALK (NOT AVAILABLE AT SMETHPORT, GGB)

DAYS ATTENDING (ALL STUDENTS MUST ATTEND AT LEAST 2 DAYS PER WEEK) (PLEASE CIRCLE)

MON. TUES. WED. THURS. FRI. (FRIDAYS NOT AVAILABLE AT FRETZ)

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**YMCA 21ST CCLC PROGRAMS  
PARENT UNDERSTANDING**

**PLEASE INITIAL**

\_\_\_\_\_ I acknowledge that I must not leave my child at the YMCA or 21st CCLC School Site unless a YMCA staff member is present to receive and supervise my child.

\_\_\_\_\_ I understand that children should not receive excessive gifts (such as TVs, video games, jewelry, etc.) from YMCA staff or volunteers, and I should report this to a supervisor if it occurs.

\_\_\_\_\_ I understand that my child will not be allowed to leave the program with an unauthorized person. All authorized individuals must be listed as Emergency Contacts and have proper identification. Any other arrangements require written permission.

\_\_\_\_\_ I understand that if someone arrives to pick up my child and appears to be under the influence of drugs or alcohol, staff may have no choice but to contact another responsible person for the child's safety. If no other person can be reached, the police will be notified.

\_\_\_\_\_ I understand that I can help ensure my child's safety by staying actively involved in their experience and maintaining open communication with the staff.

\_\_\_\_\_ I understand that the YMCA is responsible for my child's well-being during operating hours and will make every effort to contact me in case of an emergency. If I cannot be reached, YMCA staff will act on my behalf and make decisions based on their best judgment regarding any necessary medical care.

\_\_\_\_\_ I consent to my child participating in walking field trips away from the facility under proper supervision. I also understand that outdoor play is part of the scheduled program, and appropriate attire is expected.

\_\_\_\_\_ I give permission for my child to be transported to and from school, on field trips, and home for dismissal from the program if needed.

\_\_\_\_\_ I consent to my child being treated by staff for minor first-aid incidents, food allergies, or

**other health conditions.**

**\_\_\_\_\_ I give permission for my child to be photographed or videotaped during activities throughout the school year. These images may be used for promotional purposes by the YMCA and 21st CCLC programs.**

**\_\_\_\_\_ By enrolling my child in the YMCA 21st CCLC program, I grant permission for access to student information, including GPA, state testing results, assessments, report cards, demographics, credit recovery/accrual, school attendance, and discipline records.**

**\_\_\_\_\_ If I cannot be reached in an emergency, I give permission for YMCA staff to seek medical assistance for my child.**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**