



FOR YOUTH DEVELOPMENT<sup>®</sup>  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

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

**Site: Fretz Middle 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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Director: Tammy Putt

Email: [Tammyp@twintiersymca.org](mailto:Tammyp@twintiersymca.org)

Program/Site Information:

Fretz Middle School (Grades 6th–8th)

- Days: Monday–Thursday
  - Times: 2:40 pm–5:00 pm
  - Start Date: October 21st, 2024
  - End Date: May 23rd, 2025
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## The Program in a Glance

**Pick-Up Instructions:** This is an attendance-based grant. If you need to pick up your child before 3:45 PM, please call the school and arrange for them to be a parent pick-up after the regular school day. A staff member will be at the front door until 3:45 PM for pick-up. Parents are NOT allowed to park in the lot and bypass the school-day parent pick-up line. Doing so may result in your child's termination from the program. No pick-ups from the program will be permitted before 3:45 PM.

### Daily Schedule:

**2:40 – 2:45 PM**

- **Arrival & Attendance**

**2:45 – 3:00 PM**

- **Snack**

**3:00 – 3:15 PM**

- **Small Group Activity: Focusing on Social-Emotional Development**

**3:15 – 3:45 PM**

- **Academic Support / Individualized Academic Instruction**

**3:50 – 4:20 PM**

- **STEM Lesson #1**

**4:25 – 4:55 PM**

- **STEM Lesson #2**

**4:55 – 5:00 PM**

- **Dismissal**

Select the programs you wish to enroll in:

Full School Year Program (Monday–Thursday (2:40–3:45 pm):

- **Fretz YMCA Tutoring Program ONLY**

YMCA 21st CCLC Club Programs (Monday–Thursday 2:40–5:00 pm):

- **October**
- **November**
- **December**
- **January**
- **February**

- **March**
- **April**
- **May**

**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

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

MON.   TUES.   WED.   THURS.

\_\_\_\_\_  
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.**

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**SIGNATURE OF PARENT/GUARDIAN**

**DATE**