



21ST CENTURY

AT BRADFORD AREA SCHOOL DISTRICT

PROGRAM SITE INFORMATION



PROGRAM DIRECTOR:

Hannah Chaffee
 (814) 368-6101 extension 219
 hannahb@twintiersymca.org

Enrollments are done on a monthly basis, to enroll your child enrollment forms are due 1 week before their anticipated start date

GGB ELEMENTARY

Site Supervisor: Bonnie Leposa
 (716) 307-9462
 bonniel@twintiersymca.org

Daily Operating Schedule: Monday - Friday 3:45 pm - 6:30 pm

GGB will offer daily homework help, support with the daily school curriculum and learning standards from district teachers, daily STEM lessons, physical education, free dinner, and so much more!

SCHOOL STREET ELEMENTARY

Site Supervisor: Denise Proctor
 (716) 307-0174
 denisep@twintiersymca.org

Daily Operating Schedule: Monday - Friday 3:45 pm - 6:30 pm

SSE will offer daily homework help, support with the daily school curriculum and learning standards from district teachers, daily STEM lessons, physical education, free dinner, and so much more!

FRETZ 21st CENTURY

Site Supervisor: Tammy Putt-Goudie
 (716) 378-0542
 tammyp@twintiersymca.org

Daily Operating Schedule: Monday - Thursday 2:30 pm - 5:30 pm

FRETZ will offer monthly enrollment basis, providing monthly "clubs" based on students areas of interest, as well as free dinner daily.

FRETZ OWL ACADEMY

Site Supervisor: Saree Pierce
 (716) 378-0542
 sareef@twintiersymca.org

Daily Operating Schedule: Monday - Thursday 2:30 pm - 5:30 pm

NEW tutoring program at FRETZ! Students must get a referral from their guidance counselor or school day teacher to enroll.

BHS 21st CENTURY

Site Supervisor: Mary Graffius
 (814) 589-1345
 maryo@twintiersymca.org

BHS will offer monthly events to prepare students for life after high school, such as Medical coding courses, career fairs, guest speakers and more!

BHS OWL PLUS

Site Supervisor: Terry Irwin
 (814) 589-6984
 terryi@twintiersymca.org

BHS Owl Plus program offers tutoring and credit recovery. **Students must get a referral from their guidance counselor or school day teacher to enroll.**

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21ST CENTURY

AT BRADFORD AREA SCHOOL DISTRICT
STUDENT ENROLLMENT Form K-12



ALL SECTIONS MUST BE COMPLETED TO BE ENROLLED!

STUDENT NAME:			HOMEROOM TEACHER NAME:			GRADE:		
[REDACTED]			[REDACTED]			[REDACTED]		
DATE OF BIRTH (DD/MM/YYYY)			ETHNICITY					
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]					
ADDRESS			STATE			MOBILE PHONE		
[REDACTED]			[REDACTED]			[REDACTED]		
PARENT / GUARDIAN NAME:			RELATIONSHIP:					
[REDACTED]			[REDACTED]					
PHONE NUMBER:			EMAIL ADDRESS:			D.O.B.:		
[REDACTED]			[REDACTED]			[REDACTED]		
PARENT / GUARDIAN NAME:			RELATIONSHIP:					
[REDACTED]			[REDACTED]					
PHONE NUMBER:			EMAIL ADDRESS:			D.O.B.:		
[REDACTED]			[REDACTED]			[REDACTED]		

TO HAVE YOUR STUDENT ENROLLED IN THE SEPTEMBER START OF PROGRAM, FORMS MUST BE FILLED OUT AND RETURNED BY AUGUST 28TH

DAYS ATTENDING: (STUDENTS GRADES K-8 MUST ATTEND 2 DAYS A WEEK TO KEEP THEIR SPOT IN PROGRAM) (PLEASE CIRCLE ALL THAT APPLY)

MON. TUES. WEDS. THURS. FRI.

TRANSPORTATION: **IF YOUR DROP-OFF ADDRESS FOR BUSSING IS OUTSIDE OUR AVAILABLE RANGE WE MAY ASK YOU TO PROVIDE AN ALTERNATE DROP OFF ADDRESS**

(ONLY STUDENTS IN GRADES 3-12 ARE PERMITTED TO WALK) (CIRCLE ALL THAT APPLY):

BUS PICK-UP WALK

SPORTS: **DOES YOUR STUDENT PARTICIPATE IN ANY SPORTS, OR OTHER AFTERSCHOOL ACTIVITIES?**
IF YES, PLEASE LIST WHICH OTHER AFTERSCHOOL ACITIVITIES THEY ARE INVOLVED IN:



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ALL SECTIONS MUST BE COMPLETED TO BE ENROLLED!

I GIVE PERMISSION FOR THE FOLLOWING INDIVIDUALS TO PICK UP MY CHILD, and I give them permission to release my child to these people in case of emergencies, if I am unavailable:

(THESE INDIVIDUALS MUST PROVIDE ID UPON RELEASE)

NAME:

MOBILE PHONE

RELATIONSHIP:

HOME PHONE

NAME:

MOBILE PHONE

RELATIONSHIP:

HOME PHONE

THE FOLLOWING INDIVIDUALS ARE NOT PERMITTED TO PICK UP MY CHILD:

NAME:

RELATIONSHIP:

NAME:

RELATIONSHIP:

Student's Health Information

All information is confidential and is used by the program staff to ensure the safety of students.

YES NO

ALLERGIES

If yes, does your child need/use an EpiPen? Yes* No

ASTHMA

If yes, does your child use an inhaler or other medicine for his/her asthma?

DIABETES

If yes, does your child need medication or blood glucose monitoring? Yes* No

If yes, does your child have a prescription for glucagon?
 Yes* No



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21ST CENTURY AT BRADFORD AREA SCHOOL DISTRICT STUDENT ENROLLMENT Form K-12



Student's Health Information (Cont.)

All information is confidential and is used by the program staff to ensure the safety of students.

YES	NO	
<input type="radio"/>	<input type="radio"/>	SEIZURE DISORDER If yes, does your child need medication for preventing or treating seizures? <input type="checkbox"/> Yes* <input type="checkbox"/> No
<input type="radio"/>	<input type="radio"/>	VISION CONDITION If yes, and your child needs aids at school other than wearing glasses / contacts, please describe: _____
<input type="radio"/>	<input type="radio"/>	HEARING CONDITION If yes, and your child needs aids at school other than wearing a hearing aid, please describe: _____
<input type="radio"/>	<input type="radio"/>	Physical Limitations Is your child able to participate in physical education class at school with no limitations? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please list his/her activity limitations: _____
<input type="radio"/>	<input type="radio"/>	Other Medication(s) If yes, please list: _____

Does your child have special diet needs, other health needs, or BEHAVIORAL or EMOTIONAL needs?

**Please note: Any medications taken or administered at the program will need written parent/guardian consent and health care provider order. Please check with program director/site supervisor for details.*

TO HAVE YOUR STUDENT ENROLLED IN THE SEPTEMBER START OF PROGRAM, FORMS MUST BE FILLED OUT AND RETURNED BY AUGUST 28TH

- By enrolling my child in the 21st Century and affiliate programs, I understand that my child is **responsible** for their own **behavior, clothing, and belongings**.
- I grant permission for the YMCA to **transport** child to and from program / field trips / activities and in emergency situations.
- I grant permission for my child to be **photographed** by the YMCA and partnering organizations to be used in promotions and marketing across social media sites.
- By enrolling my child in the 21st Century program, I grant permission to allow access of **student information** including assessments, report cards, etc. to be used for data for the 21st Century grant.
- If I cannot be reached in case of an emergency, I give permission for the YMCA staff to **seek medical assistance** for my child.

(STUDENT SIGNATURE)

(DATE)

(PARENT / GUARDIAN SIGNATURE)

(DATE)



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