



**FREE**  
Summer  
Program!

# POWER SCHOLARS

July 6 – August 14 | 8:00am – 2:30pm | West High School

## GREAT SUMMERS START AT THE Y!

The YMCA Power Scholars Academy Program is a FREE summer learning program that runs Monday through Friday and helps students stay engaged academically while having fun. This program is partially funded by Title 4.

### WHO CAN JOIN & WHAT TO EXPECT

**Elementary students** from Gossler Park and Beech Street Schools, as well as all Manchester **middle school students**, enjoy hands-on learning in STEM and literacy, along with fun enrichment activities like arts, sports, cooking, and more. Manchester **high school students** participate in life skills development and college/career exploration, with the opportunity to earn up to 1 ELO credit toward their high school transcript. No bus transportation provided, please plan accordingly.

### WEEKLY INCENTIVE FIELD TRIPS:

Students can earn a **Friday field trip** by attending all week, completing daily assignments, and demonstrating the Y's core values of Caring, Honesty, Respect, and Responsibility. Field trips introduce students to New Hampshire's many recreational opportunities, enriching students' lives through memorable adventures and fostering a deeper connection to the world around them.

### QUESTIONS?

Please contact **Chris Stetson**, Regional Community Outreach Director, at [cstetson@graniteymca.org](mailto:cstetson@graniteymca.org) or 603.232.8630.



SCAN TO REGISTER

THE GRANITE YMCA | [www.graniteymca.org](http://www.graniteymca.org)

YYM008



# POWER SCHOLARS REGISTRATION PACKET 2026

This packet must be dropped off or mailed to:

**The YMCA of Downtown Manchester, Attn: Chris Stetson, 30 Mechanic Street, Manchester, NH 03101**

All sections of this registration packet must be completed. This packet contains the following:

## DONE?

	Cover Page
	Frequently Asked Questions
	Registration Form
	Participation Promise
	MSD Consent for Release of Student Records
	Emergency & Medical Information Card

# FREQUENTLY ASKED QUESTIONS

## WHAT IS POWER SCHOLARS?

The Power Scholars Academy is a six-week, \$2,000 summer scholarship that combines academics with camp-like fun and socialization. Your child will participate in literacy-civics and STEM classes, enrichment programming, lunch and career and college exploration daily.

## PROGRAM DATES: JULY 6 – AUGUST 14, 2026

**Program Hours:** Grades 1-10, 8:00AM – 2:30PM

**Location:** West High School

## PROGRAM AGES:

Power Scholars is open to the following students: Gossler Park and Beech St. elementary students entering 2-5 and all middle and high school students.

## HOW MUCH DOES IT COST?

If your child is selected to attend Power Scholars, there is no fee.

## HOW DO I APPLY?

**Step 1:** Fill out this registration packet and return to the YMCA of Downtown Manchester. ALL forms must be signed and completed in order for your child to be considered.

**Step 2:** Check your mail/email for our correspondence. We will mail acceptance and waitlist letters by the beginning of June.

## WHAT IS YOUR ATTENDANCE POLICY?

Full attendance and participation is expected. All absences and tardies must be notified in advance. If your child has three absences, they will be removed from Power Scholars. If your child refuses to participate in class or afternoon enrichment, they will be sent home and marked as absent.

## WHAT HAPPENS AFTER GRADUATION?

Upon graduation, your child will receive a one-year membership to the YMCA. This is an additional \$1,000 value. Students 11 and under get a 1 adult family membership and students 12+ get a teen membership.

## HOW WILL MY CHILD ARRIVE/LEAVE EACH DAY?

Students do need permission to walk home, please be sure to check this off on the registration form. There is no bus transportation at this time.

## WHY DO I HAVE TO SIGN A RELEASE FROM AMOSKEAG HEALTH?

Amoskeag Health provides three full-time professional counselors at Power Scholars who serve as integral parts of our staff and program experience. We require parent permission in order to provide this service to your child. If you receive Medicaid, we will require your ID number as they support our efforts in providing this service.

## GROUPS DIVISION?

Students will be divided into groups based on grade. We will work with students the first week to make adjustments if needed, however after the first week no changes will be made to the groups.

## FIELD TRIPS?

We will take weekly field trips in addition to smaller group field trips. Students must have attended program Monday through Thursday, actively participated in program and maintained positive behavior. Field trips are NOT guaranteed for all campers.

## CELL PHONES?

We are a cell phone free campus. Each group will have a bucket to place their phones for safe keeping. If parents/guardians need to get in touch with their student they will need to call the Power Scholars Office.



# YOUTH/TEEN PROGRAM REGISTRATION FORM

The Granite YMCA - YOUTH Matter Programs

2025 - 2026 SCHOOL YEAR

Please select the Teen/Youth Program your child participates in:

YSTRIVE     YSTAY     Power Scholars     Teen Center     Other \_\_\_\_\_

Child's Full Legal Name: \_\_\_\_\_

Grade: \_\_\_\_\_ School: \_\_\_\_\_

DOB: \_\_\_\_\_  Male     Female     Other: \_\_\_\_\_

Child's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian 1: \_\_\_\_\_ Parent/Legal Guardian DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Legal Guardian 2: \_\_\_\_\_ Parent/Legal Guardian DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*If applicable, please provide copies of any documents pertaining to the custody of the child.**

### Emergency Contact & Additional Pick-up Person(s) when parent/guardian cannot be reached.

Please list someone other than parent/guardians. Emergency/Additional Pick-up Person(s):

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### The YMCA Teen/Youth Program has permission to:

Include my child in trips using Y designated transportation:     yes     no

View movies and videos to support academic curriculum:     G     PG     PG-13

Swim without a life jacket or adult assistance:     yes     no

The Y has permission to survey my child:     yes     no

Chronic conditions, allergies, medications, or other comments:

\_\_\_\_\_

*Information is used for statistical purposes and grant applications.*

**How many people live in your household?**    2    3    4    5    6    7    8    8+

**Choose all that apply:**     White     Black     Asian     American Indian     Native Hawaiian     Other

**Ethnicity of Child:**     Hispanic     Non Hispanic

**Parent/Guardian Marital Status:**     Single     Married     Separated     Divorced     Widowed

**Household Income:** (select one)

\$0-\$24,000     \$24,001-\$30,000     \$30,001-\$35,000     \$35,001-\$40,000     \$40,001-\$45,000     \$45,001-\$50,000  
 \$50,001-\$55,000     \$55,001-\$60,000     \$60,001-\$65,000     \$65,001-\$70,000     \$70,001+

**Primary language spoken at home:** \_\_\_\_\_

**Who is the primary caregiver of student?**    Both Parents    Mother    Father    Grandparents    Other

**Primary caregiver employment status?**    Unemployed    Part-time    Full-time    Retired    Disabled

**Has your family experienced homelessness in the last two years?**    Yes    No

**Current housing status?**    Rent    Own    Other

**Does your child receive free or reduced lunch?**    Yes    No

**Is your family interested in being connected to any community resources?**    Yes    No

- As a member of The Granite YMCA or a participant in one of our programs, events, child care programs, camps, or volunteer opportunities, you or a child under your guardianship may be photographed, filmed, or recorded for use in promotional materials. To opt out, please make a written request to Chris Stetson, Regional Community Outreach Director.
- I hereby give permission for the staff of The Granite YMCA to provide first aid treatment to my child when necessary. In the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendant to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by program personnel as soon as possible regarding any emergency involving my child.
- I/we understand if medication is required during program I must complete a Permission to Administer Medication form with the Director
- I/we the undersigned have read and agree to abide by all policies stated on the policy page. Failure to comply with these policies may result in removal of the child from the program without notice or refund.
- All the information provided in this application form is true as of the date noted below. I/we agree to notify the Y in writing immediately if any information on the application changes while the child is enrolled in the YMCA Youth/Teen Program.
- I/we understand the person(s) recognized as legal guardian(s) for this child and any other person signing this agreement is/are responsible for fulfilling all obligations of this contract.
- I realize my child may participate in activities and programs that are physical in nature and, as a result, may be at risk for injury. In consideration for being allowed to participate in any activities I agree to assume such risk and further agree to hold harmless The Granite YMCA, its staff and volunteers from any and all claims, suits, losses, or related causes of actions for damages including, but not limited to, such claims that may result from injury or death, accidental or otherwise, during, or arising in any way from the participation in the activities of the program.
- Program benefits are only available to children who are lawfully residing in the United States.
- For the security and safety of our members please be aware that individuals in our facilities and riding in our vehicles may be under video surveillance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



# YOUTH/TEEN PROGRAM REGISTRATION FORM

Students that are accepted into the Power Scholars Academy Program are expected to conduct themselves appropriately in all aspects of the summer schedule. I understand that it is a privilege for my child to attend this free program. My commitment is that, if my child is accepted into the program, I will make sure that he/she will be on time and attend daily for the full six weeks from 8:00 AM to 2:30 PM, unless my child is ill.

Please read and sign below that you are in agreement of the conditions of the Power Scholars Program.

I \_\_\_\_\_, parent of \_\_\_\_\_  
am enrolling my child in Summer of Success, Power Scholars Academy for the summer of 2026. The program will be held from Monday, July 7 until Friday, August 15. I understand that if my child fails to adhere to the direction and guidance of the Power Scholars staff, the consequences may result in termination of the program for the summer.

\_\_\_\_\_  
(Please Print)                      First Name    Last Name

\_\_\_\_\_  
(Parent/Guardian Signature)

## CONSENT FOR RELEASE OF STUDENT RECORDS

The undersigned parent/guardian or eligible student (as appropriate) hereby authorizes the release of the education records of \_\_\_\_\_ (name of student) by the **Manchester School District to The Granite YMCA.**

### The specific records to be released are as follows:

- Student Attendance Records
- Disciplinary Records
- Quarterly Academic Report Card and related grades and course assignments
- Other academic records available to the MSD Aspen academic portal

Records designated should be released and disclosed only to **The Granite YMCA** for the purpose of your child’s participation in The Granite YMCA and Manchester’s **Academic Case Management Program.**

I understand that this consent is voluntary and will remain in effect while my son/daughter remains a member of the YMCA; that I am entitled to review the above education records; that I may revoke this consent at any time by notifying The Granite YMCA and/or the MSD in writing; and that any such revocation will take effect upon receipt except to the extent that records have already been disclosed in reliance upon this consent.

\_\_\_\_\_  
Child’s Name    Grade    Date

\_\_\_\_\_  
Parent/Guardian Name (Please Print)    Parent/Guardian Signature

\*The undersigned further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Hampshire and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. \*Membership is subject to forfeiture for violation of association rules and regulations.



# MEDICATION FORM & PERMISSION TO WALK HOME

Child's Name: \_\_\_\_\_

Name of Medication(s): \_\_\_\_\_

Prescription(s): \_\_\_\_\_ Non-Prescription: \_\_\_\_\_

Dosage(s): \_\_\_\_\_

Date(s)/Days of medication to be given: \_\_\_\_\_

Times to give medication(s): \_\_\_\_\_

I, \_\_\_\_\_ (parent/guardian) give permission to an authorized staff member(s) to administer medication to my child as indicated above.

I, \_\_\_\_\_ (parent/guardian) give permission for my child to carry his/her own inhaler in his/her bag and self-administer as needed.

I, \_\_\_\_\_ (parent/guardian) give permission for staff member(s) to administer Advil/Tylenol to my child.

\_\_\_\_\_  
Signature of Parent/Guardian (REQUIRED)

\_\_\_\_\_  
Date

## Permission to Walk Home:

I give \_\_\_\_\_ permission to walk/ bike home from program.

\_\_\_\_\_  
Signature of Parent/Guardian (REQUIRED)

\_\_\_\_\_  
Date