



BCDI

Black Child Development Institute
GREENSBORO



The 2019-2020 21st Century Bridge Program: Registration Form

Application Checklist

- Complete each page of this registration form. Your application will not be processed if all pages are not complete.
- Also be prepared to submit the following with your application:

Supporting Documents

- Copy of your child's IEP (Individualized Education Plan) or 504 Plan, if applicable.
- Completed Two-way Consent Form (Page 8).
- Completed BCDI-G Transportation Form (Page 9).

Name of Student: _____

Name of Parent: _____

Date: _____



Dear Parent/Guardian,

Attached is the application form for our 2019-2020 Bridge Program. We are honored that you have chosen Black Child Development Institute of Greensboro, Inc. (BCDI-G) to help in creating a path towards academic success for your child. Please see information below regarding the process for entry into the program.

➤ **ELIGIBILITY:**

- The Bridge Program at Windsor is open to students who attend Bluford/Peeler Elementary, Washington Elementary, Simkins Elementary, Private Schools, and Charter Schools (1st-5th grade) regardless of race, religion, creed or socio-economic background.
- The Bridge Program at Presbyterian Church of the Cross is open to students at Cone Elementary, Private Schools, and Charter Schools (1st-5th grade) regardless of race, religion, creed or socio-economic background.

➤ **REGISTRATION:**

- To register your child for the Bridge Program, a parent or guardian must complete the application form available online or in our office at 415 N. Edgeworth Street, Suite 230, Greensboro, NC 27401. Once the form is completed, please return it, along with any supporting documents, to our office. You will receive a follow up phone call, upon receipt of all completed sections of this form. **This process is very important as it allows us to process your application promptly and create an individualized plan to help your child reach their academic goals.**

➤ **FEES:**

- Thanks in large part, to the Department of Public Instruction's 21st Century Learning Community Center (21CCLC) and local foundation grants, there will be no fee for your child to participate in this nationally recognized program.

➤ **DAYS, HOURS & LOCATION FOR THE BRIDGE PROGRAM:**

- The Bridge Program will run from 2:45pm until 6:00pm Monday through Friday. There are two locations: Windsor Recreation Center (1601 E Gate City Blvd, Greensboro, NC 27401) and for our Students from Cone Elementary - inside of Presbyterian Church of the Cross (1810 Phillips Ave, Greensboro, NC 27405).

At BCDI-G, we believe that parents/guardians are a child's first teacher. We are looking forward to this collaboration with you, Guilford County Schools, our AmeriCorps Members, community volunteers, and BCDI-G staff where together we will be working to ensure your child's academic success.

Please sign your name that you have read and understood these guidelines:

→ _____

Today's Date: ____/____/____



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2019 – 2020

21st Century Bridge Program
Enrollment Application

STUDENT INFORMATION:

(Please Print Clearly)

1. Student Name: _____ Preferred Name: _____
2. Date of Birth: ____/____/____ Age: _____ Gender: _____ Race/Ethnicity: _____
3. School Attending: ☐ Bluford/Peeler Elementary ☐ Washington Elementary ☐ Simkins Elementary
☐ Private School: _____ ☐ Charter School: _____
4. Current Grade Level: _____ (Only 1st - 5th grade students may participate in this program)
5. Does your child qualify for free/reduced priced lunch at school? ☐ No ☐ Yes

EDUCATION

6. Name of English Teacher: _____ English Teacher's Email: _____
7. Does your child participate in any of the following educational programs? (Check all that apply)
☐ Special Education ☐ Gifted and Talented
☐ Exceptional Children's Service ☐ Other: _____
8. Does your child have an IEP or 504 Plan? ☐ No ☐ Yes (If yes, please specify and submit IEP or 504 Plan with application.):

9. If your child is receiving special education for the following, please check the appropriate box below.
☐ Vision ☐ Hearing ☐ Speech/Learning ☐ Physical Therapy ☐ BD ☐ LD ☐ Other: _____
10. Has a doctor, health professional, teacher, or school official ever informed you that your child has a learning disability? ☐ No ☐ Yes (If yes, please explain): _____
11. What learning challenges should we know about to best assist your child? _____

HEALTH

12. Does your child have health insurance? ☐ No ☐ Yes (If yes, please complete the information below.)
Health Insurance Carrier: _____ Name of Policy Holder: _____
Identification Number: _____ Group Number: _____

13. Please list any medication(s) prescribed by a doctor: _____

14. Please list any allergies (including food allergies): _____

15. Has a doctor/health professional ever informed you that your child has any of the following medical conditions or disabilities?

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Depression or anxiety problems | <input type="checkbox"/> Obesity |
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Behavior or conduct problems | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Attention Deficit Disorder (ADD) | <input type="checkbox"/> Bone, joint, or muscle problems | <input type="checkbox"/> Allergies (allergic reactions) |
| <input type="checkbox"/> Attention Deficit Hyperactivity Disorder (ADHD) | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other medical restrictions/disability |
| | <input type="checkbox"/> Autism | |

16. Please explain any special procedures that should be followed in the event of a medical emergency:

17. Any developmental delay or physical impairment? ☐ No ☐ Yes (if yes, please specify):

18. Describe medical and behavioral problem(s) of which the staff should be aware. Please include all fears, and physical conditions: _____

19. Does your child have a Primary Care Physician? ☐ No ☐ Yes (If yes, please complete the information below)

Name of Child's Doctor: _____ Office Phone: _____

Doctor's Address: _____

Street

City

State

Zip Code

PARENT/ GUARDIAN INFORMATION:

(Please Print Clearly)

Child Lives with (Please check all that apply)

____ Mother ____ Father ____ Guardian ____ Grandfather ____ Grandmother ____ Other

1. Parent Name(A): _____ Relationship to Child: _____

2. Mailing Address: _____

City: _____ State: _____ Zip Code: _____

3. Cell #: _____ Work #: _____

Home #: _____ E-mail Address: _____

- The best way to contact me is: ☐ cell phone ☐ home phone ☐ work phone ☐ email

4. Parent Name(B): _____ Relationship to child: _____
(If applicable)
 Cell #: _____ Work #: _____
 Home #: _____ E-mail Address: _____
 • The best way to contact me is: ☐ cell phone ☐ home phone ☐ work phone ☐ email
5. **Emergency Contact (REQUIRED)** - this should be someone other than you.
 • Name: _____ Relationship to child: _____
 • Phone # 1: _____ Phone # 2: _____
6. Is there a separation, divorce or custody concern of which our staff should be aware? ☐ Yes ☐ No
7. Is there any person prohibited from picking up your child by a court order? If yes, submit a copy of the court order and explanation with this application.
 ➤ Prohibited Person's Name: _____ Relationship to child: _____
8. If you cannot pick up your child, please list adults who are authorized to pick up your child:
- | Name | Relationship to child | Phone # |
|---------|-----------------------|---------|
| ✓ _____ | _____ | _____ |
| ✓ _____ | _____ | _____ |
| ✓ _____ | _____ | _____ |

DEMOGRAPHIC & FINANCIAL DATA:
(Please Print Clearly)

Black Child Development Institute of Greensboro, Inc. accepts funding from various State and Community agencies. Information on this form helps us to provide services at minimal to no cost. Therefore, it is essential that this form is completed in its entirety. Please answer each question completely.

- What is the total number of dependents in your household? _____
- Yearly Income: _____ (Note: This is kept confidential and is only used to provide demographic information as a whole family and not individually to our funding agencies.)



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PARENT/GUARDIAN AGREEMENTS

Medical Policy

I hereby give permission for my child to be given emergency treatment (including first aid and CPR) by a qualified staff member of the BCDI-G 21st Century Bridge Program. I further authorize and consent to medical, surgical and hospital treatment procedures to be performed by my child's regular physician, or when the physician cannot be reached by a licensed physician or hospital when deemed necessary or advised by the physician to safeguard my child's health if I cannot be contacted. I also give permission for my child to be transported by ambulance or car to an emergency center for treatment.

Parent/Guardian Signature: _____ Date: _____

Discipline Policy

Discipline is approached in a positive manner. All children will be encouraged continuously to exhibit self-control and positive actions. Appropriate behavior is taught and expected, as when children receive positive, non-violent, and understanding interactions from adults and others they develop good self-concepts, problem solving abilities, and self-discipline. In order for our program to be orderly and for learning to take place, it is necessary for children to be aware of the rules they must follow. The BCDI-G Bridge Program will practice the following: Children are to a) Show respect for each other, b) respect the property of others, c) follow safety rules, d) remember to keep hands to self, and e) demonstrate good behavior throughout the school. When a problem arises, it will first be dealt with by the Bridge instructors. If the problem persists (after 3 times), the Site Coordinator may intervene. The parent will be contacted if the student continues to not follow directions of the Bridge Program.

Parent/Guardian Signature: _____ Date: _____

Volunteer Release Authorization

Volunteers are always welcome at The Bridge program. Volunteers will never be left responsible for the care of children, and will only be present to interact in positive ways. Staff will maintain their regular ratios during visits, and the visits are under the supervision of BCDI-G's 21st Century Bridge Program staff.

I understand that volunteers will be interacting with my child. I give my consent for volunteers to interact with my child in the supervised presence of BCDI-G staff members. I understand that this authorization is valid until the end of enrollment.

Parent/Guardian Signature: _____ Date: _____



PARENT/GUARDIAN AGREEMENTS

Homework Assistance

The BCDI-G 21st Century Bridge Program focuses on several different areas of child development with a focus on literacy skills. We will provide a block of time where children will work on their homework with staff assistance, however our primary focus will not be solely on having your child complete their homework. Please work with your child at home to correctly complete all of their homework. Students will have homework assistance and enrichment activities each day. Enrichment will range from STEM classes, dance, arts, and field trips.

Parent/Guardian Signature: _____ Date: _____

Photo Consent

Please initial one of the following to allow your child to take or not to take pictures. All photographs taken will be used for the BCDI-G website, flyers, newsletters, bulletin boards, and community papers.

_____ I allow my child to be included in photos. _____ I do not allow my child to be included in pho

Parent/Guardian Signature: _____ Date: _____

Problems/Grievances

I understand that I can speak with the Family Engagement Specialist, Kenisha Trought, if I have any questions and concerns. I understand I can call, email, set up a meeting, or speak with her at pick up time any day.

Parent/Guardian Signature: _____ Date: _____

Activity Authorization

In addition, if the Bridge program has planned activities in the field at the site, I will allow my child to play outside in the field. I understand that this authorization is valid until the end of enrollment.

Parent/Guardian Signature: _____ Date: _____



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Program Dates & Hours

Bridge at Windsor: September 3, 2019 - June 5, 2020

Bridge at PCC: September 9, 2019 - June 5, 2020

2:45pm- 6:00pm (M-F)

The BCDI-G 21st Century Bridge Program operates on the traditional Guilford County Schools schedule. **Full-day programming will not be offered on Teacher Workdays according to this schedule.** We will not have full-day programs for year-round schools or any other programs that operate on a different schedule. Our hours of operation are Monday-Friday 2:45pm to 6:00pm. Pick-up of your child begins at 5:45pm (M-F). Furthermore, at least two weeks in advance written notice is required when withdrawing a child from the program. **Failure to do this may cause the inability to apply for other programs within the organization.**

Program Fees

The Bridge program is a free program but regular attendance of students is key to ensuring program success and to have your child remain in good standing in the program.

I have read and accept the guidelines above regarding the financial responsibilities for the BCDI-G 21st Century Bridge Program.

Parent/Guardian Signature: _____ Date: _____

Parent Commitment

Instructions: Please initial beside each statement and sign below indicating that you have read and understand these guidelines:

_____ I give Black Child Development Institute of Greensboro, Inc. (BCDI-G) permission to obtain academic information from my child's Guilford County School (GCS) Records.

_____ I give BCDI-G permission to communicate with GCS officials (i.e.: teachers, counselors, social workers, etc.)

_____ I understand that I must provide BCDI-G with my child's report card after each grading period.

_____ I understand that the Bridge Program is closed when Guilford County Schools are closed. This includes Teacher Workdays, holidays, and inclement weather days.

_____ I understand that participation in **80% of parent workshops are a requirement** in order for my child to remain enrolled in the Bridge Program.

_____ I understand that my child's attendance is crucial to remain enrolled in the Bridge Program

Parent/Guardian Signature: _____ Date: _____





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GUILFORD COUNTY SCHOOL SYSTEM

TWO-WAY CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Information to be released by:

Agencies/ Schools/ Persons _____
Address _____
Telephone _____ FAX _____
Name/ Position _____

Information to be released to:

Agencies/ Schools/ Persons: BLACK CHILD DEVELOPMENT INSTITUTE OF GREENSBORO
Address 415 N. EDGEWORTH STREET, SUITE 230- GREENSBORO, NC 27401
Telephone: 336 230- 2138 FAX: 336 574- 2234
Name/ Position: ATTENTION: 21st CENTURY BRIDGE STAFF

Specific Information to be released:

- | | | |
|--|--|---|
| <input type="checkbox"/> Complete Cumulative folder (This includes all below options) | <input type="checkbox"/> Vision testing/reports | <input type="checkbox"/> ADHD/ ADD reports |
| <input type="checkbox"/> Hearing/ Audiological | <input type="checkbox"/> Social/ developmental history | <input type="checkbox"/> Speech/ Language testing |
| <input type="checkbox"/> Academic records | <input type="checkbox"/> EC records | <input type="checkbox"/> Current medications |
| <input type="checkbox"/> Psychoeducational eval. | <input type="checkbox"/> Medical evaluations | |
| <input type="checkbox"/> Health evaluations | | |
| <input type="checkbox"/> Other _____ | | |

☐ I give my permission for the information listed above regarding this student (full name) _____, (date of birth) _____ to be released as indicated. I understand that the purpose of the released information is for the provision of appropriate educational services for my student. I understand that the released information is protected under the Family Educational Rights and Privacy Act (FERPA) and that the agency/ school/ person(s) receiving the information will be responsible for its continued confidentiality. This release is valid for one (1) calendar year and can be revoked, in writing, at any time.

☐ I also give permission for the exchange of information (oral and/ or written) between the above named agencies/ schools/ person.

Signed by _____ Date _____
Circle: Parent/ Legal Guardian/ Surrogate Parent/ Eligible Student

Witnessed by _____ Date _____

PERMANENTLY RETAIN ORIGINAL SIGNED COPY WITH STUDENT'S EC FILES

For EC students, permission can be given only by the student's parent, surrogate parent, or legal guardian. For non-EC students, permission can be given by the student's parent or DSS, if the student is in the custody of DSS. Eligible students can provide their own consent. Any information exchanged is to be shared only between the above listed agencies/ schools/ persons.



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I _____ (parent name), give Black Child Development of Greensboro's Bridge program permission to transport my student _____ (students' name) from _____ (school) to Windsor Recreation Center located at 1601 E. Gate City Blvd. I understand that if my student is not attending the BCDI-G Bridge program on a particular day, I am required to call the site director by 1:00pm on or before the date my student is not attending.

Transportation Procedures:

- Students are picked up from school and will quietly board the bus.
- Students are marked as present or absent on the bus roster.
- If a student has not boarded the bus, verification will be obtained from school personnel regarding where about of student.
- If a student is disruptive on the BCDI-G bus, BCDI-G reserves the right to disallow or suspend that student from riding the bus.

Parent Signature: _____ Date: _____