



BCDI

Black Child Development Institute
GREENSBORO



The 2023-2024 21st Century Bridge Program: Registration Form

Application Checklist

- Complete each page of this registration form.
- This form may be printed or completed on the computer.
- Also, be prepared to submit the following *with* your application:

Supporting Documents

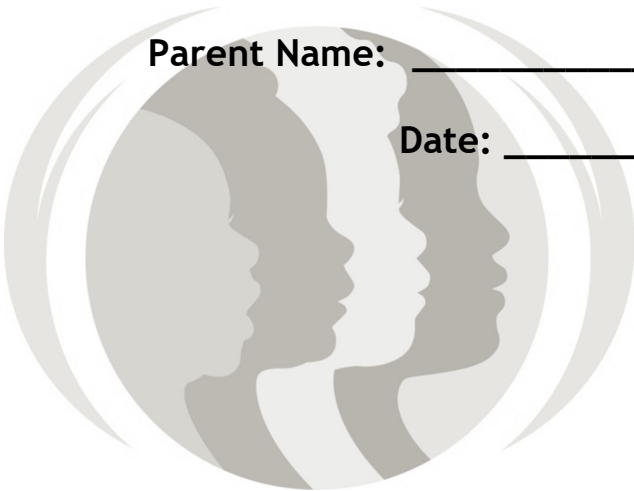
- Copy of your child's IEP (Individualized Education Plan) or 504 Plan, if applicable.
- Completed & Signed Parental Agreements (Pages 5-7).
- Completed Two-way Consent Form (Page 8).
- Completed BCDI-G Transportation Form (Page 9).
- Transportation Form for Cone Students (GCS website).

Your application will not be processed if all pages are not complete.

Student Name: _____

Parent Name: _____

Date: _____



Dear Parent/Guardian,

Attached is the application form for our 2023-2024 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 is open to students who attend Cone Elementary*, Bessemer Elementary, Bluford STEM Academy, Falkner Elementary, Private Schools, and Charter Schools (**1st -5th grade**) regardless of race, religion, creed or socio-economic background.

- **If your child attends Cone Elementary, you will need to complete a separate transportation form using the link below. Please be advised that it may take up to 10 business days for transportation to be approved.**

<https://www.gcsnc.com/Page/80701>

➤ **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 the Family Engagement Specialist. 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:**

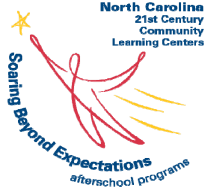
- The Bridge program will run from **2:30pm** until **6:00 pm**, Monday through Friday. See locations by students' assigned school on our website at www.blackchilddevelopment.org.

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.



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2023 – 2024

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: Bessemer Elementary Bluford STEM Academy Falkener Elementary
 Cone Elementary **(Please fill out transportation request)** Private or Charter School: _____
4. Current Grade Level: ____ (Only 1st - 5th grade students may participate in this program unless a sibling is enrolled)
5. Does your child qualify for free/reduced priced lunch at school? No Yes

EDUCATION

6. 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: _____
7. Does your child have an IEP or 504 Plan? No Yes

**** (IF YES, IEP OR 504 PLAN MUST BE SUBMITTED BEFORE APPLICATION WILL BE PROCESSED!)**

8. 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: _____
9. 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): _____
10. What learning challenges should we know about to best assist your child? _____

HEALTH

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

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

14. 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 | |

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

16. Any developmental delay or physical impairment? No Yes (If yes, please specify):

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

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 #: _____ Other #: _____

E-mail Address: _____

The best way to contact me is: cell phone other phone email

4. Parent Name (B) _____ Relationship to child: _____

5. Cell #: _____ Other #: _____

E-mail Address: _____

The best way to contact me is: cell phone other phone email

4. **Emergency Contact (REQUIRED)** - this should be someone other than you.

Name: _____ Relationship to child: _____

Phone # 1: _____ Phone #2: _____

Name: _____ Relationship to child: _____

Phone # 1: _____ Phone #2: _____

Name: _____ Relationship to child: _____

Phone # 1: _____ Phone #2: _____

5. Is there a separation, divorce or custody concern of which our staff should be aware? Yes No

6. 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: _____

7. 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.

1. What is the total number of **dependents** in your household? _____

2. 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.

Initial: _____

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.

Initial: _____

Classroom & 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.

Initial: _____

Online Student Learning Platforms

I understand that I will be required to provide BCDI-G afterschool staff with my child's login credentials to online student learning platforms that are provided by your child's home school, in order to assist with remote/virtual homework activities. I understand that this authorization is valid until the end of enrollment.

Initial: _____

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 photos.

Problems/Grievances

I understand that I can speak with the Family Engagement Specialist or the Student Services & Support Manager, Jasmine Settle at (336)-340-3768 if I have any questions and concerns. I understand I can call, email, or set up a meeting date/time.

Initial: _____

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: _____

Student Internet Policy

Black Child Development Institute of Greensboro, Inc. (BCDI-G) recognizes that technology and the internet offer students and staff access to a myriad of tools to enhance their learning. At the BCDI-G's community-based sites students will have access to the internet in order to 1) work on their individualized literacy plan through the web-based program I-Ready 2) assist with homework and assigned projects and 3) to read approved e-books.

It is the policy of Black Child Development Institute of Greensboro to:

- a) Provide for the safety of our children including while using electronic mediums.
- b) Prevent network access to or transmission of inappropriate material via the internet, electronic mail, or other forms of direct electronic communications;
- c) Prevent unauthorized access and other unlawful online activity;
- d) Prevent unauthorized online disclosure, use, or dissemination of student personal information;
- e) Provide information to the students on internet safety to students.
- f) Provide supervision of the students while they are using electronic devices are online.

PLEASE INITIAL

_____ I allow my child to have access to, and use of, the internet at BCDI-G community sites. I understand that students may not access the internet unless a staff member is present. I also hereby indemnify and hold harmless Black Child Development Institute of Greensboro from any claim or loss resulting from any infraction by the student of the policy or any applicable law.

_____ I do not consent to my child having access to, or use of the internet at BCDI-G community sites.



Program Dates & Hours

September 5th, 2023 - June 7th, 2024

Time: 2:30 P.M - 6:00 P.M

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 2:30pm to 6:00pm. Please call the main office for more information. Pick-up of your child begins at 5:45 pm (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.

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.

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"/> Other _____ | <input type="checkbox"/> Health evaluations | |

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.



Transportation Form: Bridge Afterschool

I, _____ **(parent's name)**, give Black Child Development of Greensboro's 21st Century Bridge program permission to transport my scholar _____ **(scholars' name)** via BCDI-G vans or a licensed contracted transportation services from _____ **(Name of School)**.

I understand that if my scholar 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 scholar is not attending.

Transportation Procedures:

- Scholars are picked up from school and will quietly board the van/bus.
- Scholars are marked as present or absent on the van roster. Those riding the bus are marked present or absent by a BCDI staff member once they arrive at the site.
- If a scholar has not boarded the bus, verification will be obtained from school personnel regarding whereabouts of scholar.
- If a scholar is disruptive on the BCDI-G bus, BCDI-G reserves the right to disallow or suspend that scholar from riding the bus. Parent/Guardian will be notified of any disturbances and actions to be taken.

****Please note that if your student attends Cone Elementary, a separate transportation request MUST be filled out & approved before your scholar can begin riding the bus to our program. The website for the request is: <https://www.gcsnc.com/Page/80701>.**

If you need additional support or information, please feel free to contact Jasmine Settle at 336-340-3768.

Parent Signature _____ Date _____