



2023-2024 Summer Program: Registration Form
E3 Summer Program (Education, Enrich, and Empower)
A 21st CCLC/BCDI-G 6 Week Summer Program

- Program Dates: June 17th - July 26th
 - Closed June 19th & July 4th-5th

Application Checklist

- Complete each page of this registration form. **Your application will not be processed if all pages are not complete.**
- The 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 Parental Agreements (Page 6-7).

Name of Student: _____

Name of Parent: _____

Date: _____



Dear Parents/Guardians

Attached is the application form for our 202-2024 E3 Summer Program. We are honored that you have chosen Black Child Development Institute of Greensboro, Inc. (BCDI-G) to help create a path toward academic success for your child. Please see the information below regarding the process for entry into the program.

➤ **ELIGIBILITY:**

- The E3 Summer Program is open to students who attend Faulkner Elementary, Bluford STEM Academy, Cone Elementary, Bessemer Elementary, Simkins Elementary, Private Schools, and Charter Schools (K-5th grade) regardless of race, religion, creed, or socio-economic background.

➤ **REGISTRATION:**

- To register your child for the E3 Program, a parent or guardian must complete the application form and return it, along with any supporting documents, to our jsettle@blackchilddevelopment.org. You will receive a follow-up phone call, upon receipt of **all** completed sections of this form. **This process is critical 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 Community Learning 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 E3 SUMMER PROGRAM:**

- **Our program times for the E3 summer program are Monday - Friday, 7:45am - 3:00pm.**
 - ❖ **Our program will be closed on the following dates:**
 - June 19th, 2024
 - July 4th & 5th, 2024

***St. Paul Baptist Church
1309 Larkin Street, GSO, NC 27406***

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 community partners and volunteers, and BCDI-G staff where together we will be working to ensure your child's academic success.



BCDI
Black Child Development Institute
GREENSBORO



2023 – 2024
21st Century E3 Summer
Program Enrollment Application

STUDENT INFORMATION:

(Please Print Clearly)

1. Student Name: _____ Preferred Name: _____
2. Date of Birth: ____/____/____ Age: _____ Gender: _____ Race/Ethnicity: _____
3. School Attending: Cone Elementary Bessemer Elementary Simkins Elementary Faulkner Elementary
 Bluford/Peeler Elementary Charter School: _____ Private School: _____
4. Current Grade Level: _____ (Only K- 5th grade students may participate in this program)
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 following information.)

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?

- Asthma
- Depression or anxiety problems
- Obesity
- Hearing problems
- Behavior or conduct problems
- Seizures
- Attention Deficit Disorder (ADD)
- Bone, joint, or muscle problems
- Allergies (allergic reactions)
- Attention Deficit Hyperactivity Disorder (ADHD)
- Diabetes
- Other medical restrictions/disability
- 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.

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

Name & Number of Child's Doctor: _____

Doctor's Address: _____
Street City State Zip Code

PARENT/ GUARDIAN INFORMATION:

Child Lives with (Please check all that apply)

Mother Father Guardian Grandfather Grandmother Other

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

Mailing Address: _____
Street City State Zip Code

Main #: _____ Other #: _____ E-mail Address: _____

The best way to contact me is: Main phone Other phone Email

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

Main #: _____ Other #: _____ E-mail Address: _____

The best way to contact me is: Main phone Other phone Email

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

1. Name: _____ Relationship to child: _____
Phone # 1: _____
2. Name: _____ Relationship to child: _____
Phone # 1: _____
3. Name: _____ Relationship to child: _____
Phone # 1: _____
- Is there a separation, divorce or custody concern of which our staff should be aware? Yes No
 - 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: _____

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, this form must be completed in its entirety. Please answer each question completely.

1. What is the total number of dependents (qualifying child/relative) 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.)

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 E3 Summer 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 permit my child to be transported by ambulance or car to an emergency center for treatment.

Parent/Guardian Initials: _____

Discipline Policy

Discipline is approached positively, with all children being 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. For our program to be orderly and for learning to take place, children must be aware of the rules they must follow. The BCDI-G Summer 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 themselves, 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 BCDI-G behavior expectations.

Parent/Guardian Initials: _____

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.

Activity Authorization

In addition, if the BCDI-G E3 program has planned activities in the field at the site, I will allow my child to play outside in the designated areas. I understand that this authorization is valid until the end of enrollment.

Parent/Guardian Initials: _____

Problems/Grievances

I understand that I can speak with the Student Services & Support Manager, Jasmine Settle if I have any questions and concerns. I understand I can call, email, or request to set up a meeting.

Parent/Guardian Signature: _____

Date: _____

E3 Summer Program

Program Dates: June 17th - July 26th

Time: 7:45am - 3:00pm

Our summer hours of operation are Monday-Friday 7:45am to 3:00pm. Pick-up of your child begins at 3:00pm. All scholars must be picked up by 3:10 PM each day. If you will be late, please notify the site lead in advance.

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 CCLC E3 Summer Program.

Parent/Guardian Signature: _____ Date: _____