The 2026-2027 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.
- You must complete an application for each child.
- 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).

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 2026-2027 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 the information below regarding the process for entry into the program.

ELIGIBILITY:

The Bridge Program is open to students who attend Bessemer Elementary, Bluford STEM Academy, Cone Elementary, Erwin Montessori, Gillespie Park, Private Schools, and Charter Schools (K-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 BCDI-G via email, fax, or in person. **You will receive a follow-up EMAIL 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.

- **NOTE: Applications may be completed in our office Monday - Thursday, 10:00am - 3:00pm.**

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 2:15pm until 6:00 pm, Monday through Friday at St. Paul Baptist Church located at 1309 Larkin Street, Greensboro. 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, community volunteers, and BCDI-G staff where together we will be working to ensure your child's academic success.

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Enrollment Application

STUDENT INFORMATION:
(Please Print Clearly)

1. Student Name: _____ Preferred Name: _____

2. Date of Birth: _____/_____/_____ Age: _____ Gender: _____ Race/Ethnicity: _____

3. School: ☐ Bessemer Elementary ☐ Bluford STEM Academy ☐ Cone Elementary ☐ Erwin Montessori Elementary
☐ Gillespie Park Elementary ☐ Private or Charter School: _____

4. Current Grade Level: ____ (K– 5th grade students may participate in this program)
(We have limited Kindergarten slots. Accepted with older Sibling)

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
☐ Exceptional Children's Service
☐ Gifted and Talented
☐ 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 ☐ Behavioral Disability ☐ 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?

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

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

6. 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:_____

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

8. 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.
   a. Prohibited Person's Name: _____ Relationship to child: _____

9. 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. Household Yearly Income: _____ (Note: This is kept confidential and is only used to provide demographic information 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 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 their hands to themself, 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 not to follow the 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 allocated homework time and enrichment activities each day. Enrichment will range from STEM, dance, nutrition, 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, social media and community partners. **Note: As a FREE program for families, sharing photos and stories from our activities helps us show the impact of our work and support continued funding for the program**

_____ 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 may contact a BCDI-G staff member at **(336)-340-3768** if I have any questions or concerns. I understand I may reach out by phone Monday through Friday, 9:00 am – 6:00 pm, by email, or by requesting a scheduled meeting date/time.

Initial: _____

Activity Authorization

In addition, if the Bridge program has planned activities outside at the site, I will allow my child to play outside. 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 BCDI-G's community-based site, 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 media.
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 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 8, 2026 – June 4, 2027

Time: 2:15 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 from 2:15pm 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 minimum attendance hours will be required 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:

- ☐ Complete Cumulative folder (This includes all below options)
- ☐ Hearing/ Audiological
- ☐ Academic records
- ☐ Psychoeducational eval.
- ☐ Vision testing/reports
- ☐ Social/ developmental history
- ☐ EC records
- ☐ Medical evaluations
- ☐ Health evaluations
- ☐ ADHD/ ADD reports
- ☐ Speech/ Language testing
- ☐ Current medications
- ☐ 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/persons.

Signed by_____ Date_____
Circle: Parent/ Legal Guardian/ Surrogate Parent/ Eligible Student

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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Transportation Form: Bridge Afterschool

I, _____ (parent's name), give Black Child Development of Greensboro's 21st Century Bridge program permission to transport my scholar

_____ (child's 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.

Parent Signature_____ Date_____