

100 BLACK MEN OF SYRACUSE INC.

Saturday Academy Application

(To Be Completed by the Parent/Guardian/Legal Care-Giver or Adult Sponsor)

Personal Information

Youth's Name: _____ Date: _____

Parent/Guardian Name: _____

Relationship to Youth: Mother ___ Father ___ Other: (specify) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Primary phone: _____ Work phone: _____

Youth Social Sec. #: _____

Date of Birth ___/___/___ Age: _____ Gender: Male ___ Female ___

Ethnicity: White: ___ Hispanic: ___ African American: ___ Asian: ___ Other: ___

Name of School: _____ Grade: _____

Emergency Contact Name: _____ Phone Number: _____

Please list other members of your household: (Optional)

Name	Gender	Age	Relationship to Applicant

Application Questions

Please answer all of the following questions as completely as possible. If more space is needed, use an extra sheet of paper or write on the back of this page.

1. Why do you/your child want to participate in the Saturday Academy Program?

2. Briefly describe your expectations for the 100 Black Men of Syracuse Saturday Academy

3. How would you rate your child's school performance including grades, homework, attendance, behaviors, etc., on a scale of 1 to 5, with 5 being the best performance? _____
4. Is your child currently having any problems either at home or school? Yes____ No _____
5. Has your child experienced any traumatic events (i.e., death in the family, abuse, divorce)?
Yes_____ No_____
6. Can you provide any additional background information that may be helpful to 100 Black Men of Syracuse Inc. Saturday Academy, in helping your son/daughter?

Medical History

Name of Primary Care Physician: _____ Phone No.: _____

Medical Insurance Provider: _____

Policy Number: _____ Phone No.: _____

Does your son/daughter have any physical problems or limitations? Yes____ No____

Is your son/daughter currently receiving treatment for any medical issues? Yes____ No____

Is he/she currently on any type of medication? Yes____ No____ If yes, please specify.

Does your son/daughter have any known allergies or adverse reactions to medications? Yes____
No____ If yes, please describe: _____

Does your son/daughter have any emotional issues or problems right now? Yes____ No____

Is your son or daughter currently seeing a counselor or therapist? Yes____ No____

Therapist's Name: _____

Please read this carefully before signing

100 Black Men of Syracuse Inc. appreciates you and your child’s interest in participating in the Saturday Academy. This application is intended as a means of informing and gaining the consent of the parent/guardian to allow their son/daughter to participate in the 100 Black Men of Syracuse Inc. Saturday Academy Program.

After receiving the completed application form, we will evaluate the information (evaluation may include an interview) and send a letter informing you if your child has been accepted into the program.

All information provided to 100 Black Men of Syracuse Inc., including this application will be kept confidential.

Please initial each of the following

_____ I give my informed consent and permission for my child to participate in the 100 Black Men of Syracuse Inc. Saturday Academy Program and its related activities.

_____ I agree to have my child follow all program guidelines and understand that any violation on my child’s part may result in suspension and/or termination from the program.

_____ I hereby acknowledge that my child may be transported by 100 Black Men of Syracuse members, staff or representatives while participating in the 100 Black Men of Syracuse Saturday Academy Program, and that such transportation is voluntary and at his/her own risk.

_____ I release the 100 Black Men of Syracuse Inc. of all liability of injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his/her participation in the program, including but not limited to transportation, and hold harmless any 100 Black Men of Syracuse Inc. member, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

_____ I agree to allow 100 Black Men of Syracuse Inc. to use any photographic image of me and/or my child, taken while participating in the Saturday Academy Program. These images may be used in promotions or other related marketing materials.

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

Parent/Guardian Signature

Date

Please return or mail this application to:

100 Black Men of Syracuse Inc.
Saturday Academy Program
2610 South Salina Street
Syracuse, New York 13205
(315) 443-8749