



The B2B Program runs July 12 – August 6, 2021 at Christian Brothers Academy in Syracuse. Syracuse City School District students in the 4th and 5th grades are eligible for this program to “bridge” the summer-learning gap. B2B will include field trips supported with learning activities for enrichment & student engagement. Program space is limited so register early. Attendance capacity is based on the needs of the program itself and cannot be adjusted due to late registration, transfer requests, etc.

APPLICATION FOR ADMISSION Please mail completed application and supporting documents to: Bridge To CBA Brothers • 6245 Randall Road • Syracuse, NY 13214-5960 or email application & documents to B2Bsummer@cbasyr.org

STUDENT INFORMATION

Current Grade: 4 5

Date of Submitted Registration: _____
 Applicant Name (First-Middle-Last): _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____ Home Phone: _____
 Date of Birth: _____ Gender: Male Female
 Current School: _____ Citizenship: _____
 Applicant lives with:
 Both parents Mother Father Guardian(s) Other: _____

FAMILY/CONTACT INFORMATION

Mother/Guardian Name: _____
 Address: _____
 Employer: _____ Occupation: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email (required): _____

Father/Guardian Name: _____
 Address: _____
 Employer: _____ Occupation: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email (required): _____

Other Family /Guardian Name: _____
 Address: _____
 Employer: _____ Occupation: _____
 Home Phone: _____ Cell Phone: _____ Work Phone: _____
 Email (required): _____

Who or what has influenced your decision to apply to Bridges 2 Brothers Program?

PLEASE COMPLETE THE FOLLOWING CHECKLIST:

**Failure to disclose truthful information to the following questions may result in a student's admission being rescinded.*

- Does the applicant have any known health issues? YES No
- Does the applicant have any physical impairments? YES No
- Has the applicant had any social, emotional, or behavioral challenges at school? YES No
- Has the applicant been suspended or dismissed from the current or previous school? YES No

IF "YES" TO ANY OF THE ABOVE PLEASE EXPLAIN HERE IN FURTHER DETAIL.

TO HELP US PROVIDE THE BEST CARE POSSIBLE, PLEASE ANSWER THE FOLLOWING QUESTIONS.

1. List current teacher and previous year's teacher.

2. List all medications, allergies, and special dietary needs. A nurse will be on the premises during B2B.

3. Describe any special assistance necessary for your child to participate in this program.

The B2B summer program is **FREE** for potential participants who meet income and financial requirements. Families must show this need (identified at a demonstrated family income under \$60,000). 2019 Tax Return form is required for this consideration. I have included proof of income with this application. → YES → NO

EMERGENCY MEDICAL RELEASE

This is to certify that I voluntarily furnish medical information for the child (**print**) _____ to Christian Brothers Academy. I hereby request that in the event that I or the people I authorize for an emergency cannot be reached in a timely manner, that an official representative of CBA seek first aid or emergency medical care for my child. I further give my consent for an emergency medical facility or physician to administer necessary treatment to my child if I am unable to be reached or the situation requires immediate attention. I understand that I am responsible for paying all medical bills. **Initial** _____

MEDIA PERMISSION

When participating in B2B activities my child may be photographed for print, videotaped, or electronic images. Images may be used in promotional materials, news releases, and other published formats for Christian Brothers Academy YES I wish to opt out at this time **Initial** _____

PICK UP AUTHORIZATION

In addition to the above family guardian/contacts listed on this form, I authorize the following individuals to pick up my child from CBA and that their photo identification will be required.

**** I also understand that the B2B program ends at 2:30 and students need to be picked up at that time. B2B and CBA staff are not responsible for my child after program dismissal time.**** **Initial** _____

Full Name of Person Authorized	Relationship	Phone Number

PARENT SIGNATURE _____ **DATE** _____