

The logo consists of the number '100' stacked above the word 'STRONG' in a bold, black, sans-serif font.

STRONG ACADEMY

STRONG SUMMER ACADEMY

Application

Strong Academy is a school program designed to encourage young Black boys to attend an enrichment academic summer program. Strong Academy has been designed to provide participating students with the tools necessary to achieve their maximum potential both in terms of academics and life skill acquisition.

Strong Academy will provide a full day of relevant theoretical educational curriculum that will be taught by a teacher accredited by the Ontario College of Teachers and an Educational Assistant. In addition to the theoretical part of the day, students will also engage in physical and recreational activities, along with the application of practical life skills approaches facilitated by their teachers and mentors.

The student body will be made up of gr. 7/8 who have been granted parental consent to participate in all aspects of the program. The program requires that a uniform be worn every day, for the duration of the program. The uniform will be provided at **NO COST** to the students. The official uniform is a polo shirt (embedded with the Strong Academy Logo).

Strong Summer Academy is located at the G. Raymond Chang School of Continuing Education at Ryerson University. The school is located at 380 Victoria Street. The academy day begins at 9:00am and dismissal is at 3:00pm. **The academy will begin on July 3rd and end July 20th.**

**Lunch will be provided daily*

STUDENT SUMMER HANDBOOK

SUMMER 2018

Goals of program:

Strong Academy aims to foster a love for learning and education in middle school aged boys; while pairing them with mentors in an effort to promote self-empowerment and success both in school and in their respective communities.

Daily Schedule	
9:00	Arrival
9:00 – 9:15	Morning Snack; Pledge; Announcements
9:15 – 11:45	Lesson <i>(related to week's theme)</i>
11:45 – 12:45	Lunch <i>(provided daily)</i>
12:45 – 2:45	Lesson, Workshop or Excursion
2:45 – 3:00	Clean-up; Reminders; Pledge;
3:00	Dismissal

** NOTE: Depending on the day's events (i.e. lesson, workshop, excursion, etc.), this schedule may be adjusted. A calendar of excursions and workshops will be provided to students accepted to the program.

Students'/ Parents' Responsibilities

- Commit to the 3 week program and wear Strong Academy uniform daily
- Attend and be punctual for 100% of all scheduled classes, workshops and excursions
- Tell staff in advance if you know you are going to miss a lesson or be late. If absent due to illness or other reason – this should be reported to staff via phone or email.
- Student attendance at the Strong Academy graduation (Friday July 21, 2017)



Student Application Form

SECTION #1 – STUDENT INFORMATION (Please Print)				
Student surname:	First Name:	Initial	Date of Birth: YYYY/MM/DD	
Home Address:	Apt/Unit#	Postal Code	City	
Home Phone #: ____ - ____ - ____		Parent/Guardian E-mail Address:		
Home School Name:	Grade in September:	<input type="checkbox"/> Copy of Recent Report Card <i>(Please attach to form)</i>		
Has the student previously received Special Education Support? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Copy of IEP <i>(Please attach to form if applicable)</i>		
Type of Program (if known):				
Student Shirt Size: Adult - <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other ____ Youth - <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> X-Large <input type="checkbox"/> Other ____				
STUDENT CONTACT INFORMATION (optional)				
Cell Phone #: ____ - ____ - ____		E-mail Address:		

SECTION #2 – MEDICAL INFORMATION (Please Print)	
Health Card No. ____ - ____ - ____ - ____ <i>(Version No.)</i>	Does the student have any history of allergy and/or drug-medication reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain <input type="checkbox"/> Anaphylaxis <input type="checkbox"/> Epi-Pen <input type="checkbox"/> Inhaler/Puffer <input type="checkbox"/> Triggers (example penicillin) Other:	
Please describe the condition(s) below:	Life Threatening
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Family Doctor:	Telephone #: ____ - ____ - ____ ext. ____
Are there any restrictions or special considerations during the summer program? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, explain _____	



SECTION #3 – PARENT/LEGAL GUARDIAN INFORMATION

1) Parent/Legal Guardian	Last Name	First Name
Relationship: • Mother • Father • Legal Guardian • Other _____		For Emergency: Priority 1 2
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____
Business #: ____ - ____ - ____ ext. ____		
2) Parent/Legal Guardian	Last Name	First Name
Relationship: • Mother • Father • Legal Guardian • Other _____		For Emergency: Priority 1 2
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____
Business #: ____ - ____ - ____ ext. ____		
EMERGENCY CONTACT INFORMATION <i>(If parent/guardian cannot be contacted use the following emergency contact)</i>		
Last Name	First Name	Relationship:
Home #: ____ - ____ - ____		Cell #: ____ - ____ - ____
Business #: ____ - ____ - ____ ext. ____		

ADDITIONAL STUDENT INFORMATION:

(please list any other information that would be useful for staff to know about your child)

Application Form

- A parent or guardian must complete and sign the registration form
- Student’s most recent Report Card must be submitted with application form to be considered as an applicant for Summer Academy
- If applicable, Student’s IEP must be submitted with registration form along with Report Card

Confirmation Letter

- A Confirmation letter will be e-mailed to students accepted to the Summer Academy.
- If no e-mail is provided you will be contacted by phone.

Print name of Parent/Legal Guardian

Signature of Parent/ Legal Guardian

____ / ____ / ____

y y y y m m d d



PERMISSION FORM

An integral part of the Strong Academy summer program is the ability to incorporate community interactions and experiences which may require travelling away from the school site. Parent/Guardian consent is required for your child to participate in any of these activities.

I _____ give permission for my child _____
(Parent/Guardian's name) *(Child's name)*
to participate in activities off of the school site.

100 Strong Release of Liability and Assumption of Risk In consideration of my participation in Strong Academy, I hereby waive, release and discharge any and all claims for damages I may have, or which may hereafter accrue to me, as a result of my participation in this activity. This release is intended to discharge in advance the instructors, promoters, sponsors, organizers, project managers, of this activity and any involved public school entity (and their respective agents and employees) including but not limited to 100 Strong Inc., their employees, agents and directors, from and against any and all liability, which may arise out of negligence or carelessness on the parts of the persons or entities mentioned above.

Print name of Parent/Guardian

Signature

Date

I understand that I may be photographed videotaped, and 100 Strong Foundation. does have my permission to use the photographs, videotapes, and/or audiotapes for the purpose of promoting the work and mission of our organization. I have carefully read this agreement and fully understand its contents. I am aware that this is a release from liability regarding the parties listed above and assumption of risk by me.

Print name of Parent/Guardian

Signature

Date



STRONG ACADEMY