DELTA SIGMA THETA SORORITY, INC.
NEW HAVEN ALUMNAE CHAPTER

Delta Academy & GEMS
Orientation Packet
2016- 2017
DELTA SIGMA THETA SORORITY, INC.
NEW HAVEN ALUMNAE CHAPTER
DELTA ACADEMY/DELTA GEMS

Checklist

- _____ Completed Application
- _____ Signed Parent/Guardian Commitment
- _____ Sign In/Out Policy
- _____ Pick up Authorization Form
- _____ Health Information
- _____ Emergency Contact information
- _____ Meeting Details
DR. BETTY SHABAZZ DELTA ACADEMY

Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century - The Delta Academy was created out of an urgent sense that bold action was needed to save our young females (ages 11-14) from the perils of academic failure, low self-esteem, and crippled futures. Delta Academy provides an opportunity for local Delta chapters to enrich and enhance the education that our young teens receive in public schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide service in the form of leadership through service learning, and their sisterhood, defined as the cultivation of leadership through service learning, and maintenance of relationships.

DELTA ACADEMY II: DELTA GEMS (Growing and Empowering Myself Successfully)

Building upon the premise on which Delta Academy: Catching the Dreams of Tomorrow was created; Delta GEMS is a natural outgrowth and expansion for the continuation of our successful program implementation. Delta GEMS provides the framework to actualize those dreams through the performance of specific tasks and development of a ‘can do’ attitude in high school girls ages 14-18. Our goals for Delta GEMS are to:

- Instill the need to excel academically
- Provide tools that will enable our girls to sharpen and enhance their skills to achieve high levels of academic success
- Assist our girls in proper goal setting and planning for their futures – high school and beyond
- Create compassionate, caring and community minded young women by actively involving them in service learning and community service opportunities.

The New Haven Alumnae Chapter of Delta Sigma Theta Sorority, Inc. is committed to fulfilling the principles of these programs. Candidates interested in participating should complete the attached application and submit by Friday, October 21, 2016, to New Haven Alumnae Chapter, PO Box 9477, New Haven, CT 06534-0477. If you have any questions or require additional information, please email programs@newhavenalumnae.org.
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2016-2017 Requirements for Eligibility

1. All applicants must submit a completed application with a picture
2. All applicants must be between the ages of 11 and 18 at the time of application.
3. Applicants must be exemplary of wholesome character and of the desire to work with others in sisterly love.

Letters of invitation will be mailed only to those who qualify.

Should an invitation to join the Delta Academy or Delta GEMS be extended to any applicant, the applicant is expected to commit fully to the program and she will be subject to the New Haven Alumnae Chapter’s Delta Academy/GEMS Code of Conduct. Sessions will meet on the 2nd Saturday of each month. We reserve the right to make changes to the calendar, and on occasion, will schedule additional activities which will be beneficial to the continuous growth of the participants.

The New Haven Alumnae Chapter supplements the majority of the expenses as well as seeks grants to enable a free to low cost program for participants. However, minimal costs to parents/participants may arise. Should this pose a financial burden to any participant, all efforts will be made to supplement these costs.

We encourage parents and participants to attend the Delta Academy/GEMS Orientation Session:

- Friday, October 21, 2016 from 6:00 to 8:00 PM
- Location: Career High School, 140 Legion Avenue, New Haven CT 06519
DELTA SIGMA THETA SORORITY, INC.
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DELTA ACADEMY/DELTA GEMS

2016-2017 Application & Permission to Participate

Please type or print legibly.

Name:

_______________________________________________________________________

Last                                  First                                Middle Name or Initial

Grade: _________ Date of Birth: _____/_______/_______  Age: ________________

Month      Day      Year

Address:

_____________________________________________________________________

Street Number (Include Apartment Number)

City: __________________________ Zip Code: _________ Telephone #: (_____)

Email Address:

_____________________________________________________________________

Favorite Subject in School: ________________________________________________

Parent(s)/Guardian(s) Name(s):

_____________________________________________________________________

Parent(s)/Guardian(s) Telephone#:

____________________________________________________

Home                          Cell

Parent(s)/Guardian(s) Email Address:

_____________________________________________________________________

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If for any reason I/we cannot be reached, please contact the following person whom I/we hereby authorize to seek emergency medical or surgical care for my/our child.

Emergency Contact:

_____________________________________________________________________

Name                                    Relationship to you

Emergency Contact Numbers: (_____)_________ (_____)_________ (_____)_________

Work                          Home                          Cell
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In the event that the Program is unable to reach any of the individuals named above promptly by phone, I/we authorize the Program to seek and secure any emergency medical or surgical care for my/our child. I/We will be responsible for any and all expenses incurred and authorize the medical facility at which treatment is rendered to release all necessary information to my/our insurance company.

Parent/Guardian Signature ___________________________ Date ______________

Please read carefully before signing:

My child/grandchild/other (named above) has my permission to participate in all programs and activities sponsored by the Delta Academy/GEMS. I assume full responsibility for my child’s conduct and care while participating in the program and agree to release and hold harmless New Haven Alumnae Chapter of Delta Sigma Theta Sorority, Inc. for any liability or harm relative to my child. This includes transporting my child to the program and/or special events, if applicable. In the event of an emergency, I understand that the volunteer staff of Delta Academy/GEMS will attempt to contact me and/or the second contact noted above. I understand that they will not attempt to administer first aid, will transport my child to the nearest hospital/medical facility in the event of a serious emergency.

I understand that my involvement in the program and participation at events is welcomed and encouraged in order to help foster a good relationship and improve her success in the program. I will participate whenever possible in our combined efforts to promote service and scholarship finally; I consent to the taking of photos of my child participating in the program and their use in promotional and marketing materials.

Print Parent Name: ___________________________ Signature: ___________________________ Date: __________
It is the policy of the New Haven Alumnae Chapter, Delta Sigma Theta Sorority, Incorporated that all participants (youths, members, and other volunteers) and visitors must sign-in and out of its Delta Academy & GEMS Program.

The required sign in/sign out procedures follow:

1. The chapter shall maintain and use a daily sign in log that reflects the following: name of the Program; the date; the time in and the time out; and the names of the participants, with a column for the participant and visitors to check her/his status (as member, youth, volunteer, or visitor). The form should distinguish whether a member is assisting with the Program or is a visitor/observer.

2. Only authorized persons (those identified in writing) will be allowed to pick up a participant from the Program. Volunteers shall refuse to release a participant to any person, whether related or unrelated to the youth, who has not been authorized, in writing, by the parent or guardian to receive the youth.

3. One of the following procedures shall be observed during departure and return:
   - Parents or an authorized representative will sign out youth.
   - Older youth who have written parental permission will be allowed to leave the program on their own. Members will establish a system where the youth check themselves out with an approved volunteer; the approved volunteer will ensure that the youth signed out and initial the attendance sheet.

Parent/Guardian Signature ______________________________Date _____________
DELTA SIGMA THETA SORORITY, INC.
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DELTA ACADEMY/DELTA GEMS
PICK-UP AUTHORIZATION FORM

I authorize the persons listed below to pick-up my child from the New Haven Alumnae Chapter Delta Academy and GEMS program.

For my child’s safety, I understand that all authorized persons on the list below will be asked to show photo identification before my child is released to them; therefore, I will notify all authorized persons of this requirement so that they will have photo identification with them when they arrive to pick-up my child. (Please include names of either parents or guardians on list below).

Name _________________________________________ Relationship_____________________
Home Phone_____________ Work Phone ___________ Cell Phone ______________

Name _________________________________________ Relationship_____________________
Home Phone_____________ Work Phone ___________ Cell Phone ______________

Name _________________________________________ Relationship_____________________
Home Phone_____________ Work Phone ___________ Cell Phone ______________

By signing below, I verify that I have read and agree to the Pick-Up policies described above and authorize the New Haven Alumnae Chapter to release my child to the persons listed above. I also agree to notify New Haven Alumnae Chapter in writing of any changes to the above list of authorized persons.

Mother/Guardian Signature _____________________________Date ______________

Father/Guardian Signature _____________________________Date ______________
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HEALTH INFORMATION

Below indicate any current health condition that may require attention during the Program day.

Allergies/Sensitivities (be specific)

Foods______________________________________________________________

Medicines__________________________________________________________

Bee sting or insect bite _____________________________________________

Other______________________________________________________________

**Note:** Based on your response additional arrangements/consent forms may be required.
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Participant Contract

- I PROMISE I will respect everyone else's privacy. There will be no teasing scolding or prying. Each individual has the right to decide whether to share private thoughts during meetings of discussions. Anybody who wants to simply sit and listen may do so, with the understanding that participation is beneficial but voluntary.

- I PROMISE I will show everyone respect when others are talking or discussing. I will listen and not interrupt. I understand that the idea is for the whole group to arrive at its goals, and that each individual will progress at a different rate.

- I PROMISE to uphold the family confidentiality. There will be no telling. What happens and what is said within the group stays within the group. In my presence, group members will feel free to discuss their thoughts and feelings knowing they need not feel bashful or shy, or worry that friends or people outside the group will find out things they'd rather keep private.

- I PROMISE to trust my group members and my group members can receive that same trust from me. There will be no blaming and no lying.

- I PROMISE to make by best efforts to be honest, accepting that no one is perfect and everyone makes mistakes from time to time.

- I PROMISE to do my best in school by completing all my homework assignments, listening and respecting my teachers and carrying myself in a ladylike fashion.

- I PROMISE to be positive and try to encourage everyone in the group to have a positive attitude.

- I PROMISE to show up for group meetings and activities.

- I PROMISE to respect my mentors, presenters, peer and most of all, myself.

- I PROMISE to be positive and try to encourage everyone in my group to do the same.

THIS CONTRACT I SIGN AND I PROMISE.

I agree to all of the above.

_________________________________________________________  ________________________
Signature                                   Date
Delta Academy/GEMS Meeting Location:

Hill Regional Career High School
140 Legion Ave
New Haven, CT 06519

Official GEMS Meeting Time:
9 am – 12:00 pm

Unless otherwise stated, based upon inclement weather conditions or community service projects

Meeting Dates (2nd Saturday of the Month)

- Session 1: November 12, 2016
- Session 2: December 10, 2016
- Session 3: January 7, 2017
- Session 4: February 11, 2017
- Session 5: March 11, 2017
- Session 6: April 8, 2017
- Session 7: May 13, 2017
- Session 8: June 10, 2017
- End of Year Celebration: June 17, 2017

**Attendance is Important**
Please verify prior to submitting this application that you will be able to attend the above meetings, as attendance is required for successful completion of the program.

If you are unable to attend a meeting, please contact the following at least 24 hours prior to the activity: Zakia Parrish at (765)714-4709 and/or programs@newhavenalumnae.org.