"Building better students and community leaders"

The 21 Gaps Back2School Program

A support program for students designed to fill gaps in public education curriculum – which can lead to enhanced performance in school and every phase of life.

The 21 Gaps Program™ will be:

- Monday-Friday, August 20-24
- Taught by educational professionals and other instructors who have achieved successes in select backgrounds
- In a classroom setting at Linden Multi Purpose Center, 1025 John St., Linden.
- Open to students from grades 8 to 11
- $25 per student participation donation to help cover daily lunches and program costs (PayPal.Me/BetterThanYesterday or checks payable to 'BTY'. Mail to: BTY at PO Box 2061, Linden, NJ 07036)

For full info about the 21 Gaps Program:

www.21 gaps.org   908.337.9420   Info@21gaps.org

Limited Seating Available

BTY does not discriminate and prohibits discrimination, as required by state and/or federal law, in all programs and activities, including employment and access to its programs.

The 21 Gaps Back2School Program

Registration Form (Pages 2-4)

Print clearly and complete all sections.

STUDENT INFO

_____

Last Name   First Name   MI

_____

Street Address (including apartment #)

_____   _____

City/Town   State   Zip   Home Telephone

Gender: ___ Male ___ Female   Age: _____   Date of Birth: _____
                                                          (MM/DD/YYYY)

Current Grade Entering this Fall: _____   School District: _____

PARENT/GUARDIAN INFO

_____

Last Name   First Name   MI

_____

Street Address (including apartment #)

_____

City/Town   State   Zip

Phone:

Cell: _____

Work: _____

Home: _____

The following questions are required by the U.S. Department of Health, Education and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

Ethnicity: ___ Hispanic
          ___ Non Hispanic
          ___ Decline to Identify

Race: ___ American Indian/Alaskan Native
         ___ Asian
         ___ Black/African American
         ___ Native Hawaiian/Pacific Islander
         ___ White
         ___ Decline to Identify

EMERGENCY CONTACT INFORMATION

If I am not available, I hereby designate the following person(s) to be contacted in an emergency:

Name _____   Relationship _____   Phone# _____

Name _____   Relationship _____   Phone# _____

Name _____   Relationship _____   Phone# _____

The above-named child has the following food allergy(ies) and/or medical condition:

_____

_____

I understand it is the responsibility of the parent/guardian to notify program staff of any change in the above information.

I, _____, the legal parent/guardian of the above named 21 Gaps participant, will:
(CHOOSE ONLY ONE OF THE FOLLOWING THREE OPTIONS)

☐ Pick up my child at the conclusion of each day

☐ Permit the following individuals to pick up my child at the conclusion of each day. No one other than the named persons below will be permitted to pick up your child.

Name _____   Relationship _____

Name _____   Relationship _____

☐ Permit my child to leave unattended at the conclusion of each day. (Check this option if you are permitting your child to walk home, ride his or her bike home, take the bus, etc.) No supervision is provided and no responsibility for your child is assumed once he or she is dismissed from his or her last BTY course.

I expressly release BTY/21 Gaps and its agents from any liability that may result from my child's use of individual transportation as authorized above. _____(initial)

Better Than Yesterday

All 21 Gaps Program participants MUST have this page completed by a parent or guardian.
Please print clearly and complete all sections.

The Parent or Guardian acknowledges that he or she has read, understands and approves the following statements:

• I give consent for photographs and/or videos of my child to be used solely for BTY/21 Gaps promotional and/or public information purposes.

• I fully understand that I am releasing the BTY/21 Gaps and its agents, volunteers and employees of all liability including but not limited to injuries, damages or loss, related to any aspect of my child's participating in the 21 Gaps program.

• I understand that BTY/21 Gaps is not responsible for lost, stolen or damaged property.

• I understand that in an emergency I will be contacted as soon as possible at the above phone number(s). If I am not available, I have provided an alternate contact above.

• Should my child require immediate medical attention, I consent to any such treatment, including but not limited to, transport and treatment at a hospital facility. I fully understand I am legally responsible for any medical expenses for costs of said treatment.

• BTY personnel are not permitted to hold or be responsible for administering any medication

• I understand BTY may suspend or terminate my child from the program for any reason that is deemed harmful or disruptive to the other participants or for other just cause. Refunds will not be granted if a child is suspended or terminated.

I have read, understand, and agree to the foregoing information. I authorize BTY staff to take whatever measures are in their estimation, deemed necessary, especially in the event of an emergency. The undersigned, on his/her behalf and on behalf of the named participant, releases BTY, its directors, officers, employees, volunteers and agents from all claims and liability to the undersigned or named child and each of their personal representatives, assigns, heirs and next of kin for any loss or damage, and any claim on account of injury to the person or property of the undersigned or named child.

Parent/Guardian Name (Print) _____

Parent/Guardian (Signature) _____ **Date** _____