

Waterbury Hospital FREE Summer Bridge Program 2023 Application

Deadline: Friday, May 12, 2023

**Middle School Grades 6, 7, 8,
High School Grades
9, 10 & 11**

SIGN UP

**For Waterbury Hospital's
FREE 2023 Summer Bridge Program**

Monday, June 26 – Friday, August 4, 2023

Where:

Waterbury Hospital Community Outreach
Department
Conference Room
140 Grandview Avenue, LL02, Waterbury, CT 06708
Phone: 203-573-7679

When:

June 26 – August 4, 2023
Monday – Friday 9:00 am-2:00 pm

**Transportation:
Arranged by Parents**

Submit completed applications!

DUE: Friday, May 12, 2023, by 4:00pm

By mail, fax, or email to:

Waterbury Hospital Community Outreach Department
Mail: 140 Grandview Avenue, Suite LL-02, Waterbury, CT 06708
Phone: (203)-573-7679 | **Fax:** (203)-573-7139
Email: Angela.Holmes@wtbyhosp.org

Required Attachments

- ✓ A copy of the student's last report card
- ✓ A letter of reference from two of the student's academic teachers
- ✓ A copy of the front and back of the student's health insurance card
- ✓ **Flu shot paperwork from the doctor office, clinic and/or pharmacy.**
- ✓ Students must complete questions 1 and 2 on pg. 5 of the application
- ✓ **Complete ALL Sections and Provide ALL Required documentation before Friday, May 12 by 4 :00 pm. Incomplete Applications will NOT be considered please be mindful of the time frame of the postal service to deliver mail.**
- ✓ **Participation will be limited to 30 students who complete all requirements as outlined above**
- ✓ **At least 30 students, accompanied by a parent/guardian will be interviewed for the 20 slots**

Waterbury Hospital FREE Summer Bridge Program 2023 Application

2 MANDATORY Parent Sessions

Tuesday, June 20th,
2023, at 5:00 – 6:00 pm
or Thursday, June 22,
2023 at 12:00- 1:00pm

Where:

Waterbury Hospital Community
Outreach Department
Conference Room
140 Grandview Avenue, LL02,
Waterbury, CT 06708
Phone: 203-573-7679

Submit Complete Applications Complete ALL Sections

Applications not completed by Friday, May 12,
2023
will NOT be considered.

If Accepted, Additional Required Documentation

- **Attendance at Parent Night is mandatory.** Unexcused absence from Parent Night will result in the student losing their slot in the program.
- All students and parents must complete an interview with the SBP Program Team and varies Community Partner.

Additional Information

1. **Return Pages 3, 4, 5 and 6 with all required documentation.** Student essays, transcripts and teacher recommendations as well as required attachments will be used to rank all applications. **Incomplete applications will NOT be considered.**
2. **Only the top 30 applicants will be interviewed for 20 student slots.**
3. **The Program is free to all students.** All books and supplies will be provided. Breakfast and lunch will be provided by the Waterbury Public School Summer Program. All activities will be paid by the program.
4. Parents will be responsible for **transportation** to and from the program daily. Transportation to field trips will be provided by the program. Parents will be asked to provide a brown bag lunch on field trip days(if needed) and program hours.
5. **Submit a COMPLETE application by Friday, May 12, 2023** **Incomplete applications will not be considered.**
6. **Parent Night is MANDATORY.** If no parent/guardian attends, the student will lose their program slot.
7. **Attendance is MANDATORY- Student must have no more than 2 excused absences** in order to graduate.

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Applications not completed by Friday, May 12, 2023, will NOT be considered

Child's Name _____ Age _____ Grade _____

Address _____ City _____ Zip Code _____

Phone Number _____ Birth Date _____ Female _____ Male _____

Ethnicity: Asian Native American African American Hispanic Caucasian Other

Primary Language: _____

School: _____

Please check lunch status: Free WH/Affiliate Employee: Yes No

MOTHER'S/GUARDIAN NAME _____ **E-mail** _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Job Title _____

FATHER'S/GUARDIAN NAME _____ **E-mail** _____

Home Phone _____ Work Phone _____ Cell Phone _____

Place of Employment _____ Job Title _____

Best Daytime Phone Contact for Parent/Guardian: _____

ALTERNATE EMERGENCY CONTACT: Name _____ Phone _____

CHILD LIVES WITH: Both Parents Mother Father Stepmother Stepfather

Guardian Grandparent Other, please specify relationship _____

Return Pages 3, 4, 5 and 6 with all required documentation

Student essays, transcripts and teacher recommendations and required attachments will be used to rank all applications. **Incomplete applications will NOT be considered.** It is the parent's responsibility to provide the **required documentation:** a copy of the student's last report card, a letter of reference from two of the student's academic teacher & a copy of the front and back of the student's health insurance, flu shot, covid 19 passport/card

Only the top 30 applicants will be interviewed for 20 student slots

Attendance is MANDATORY- Student must have no more than 2 excused absences

Waterbury Hospital FREE Summer Bridge Program 2023 Application

CHILD RELEASE INFORMATION

Your child will not be released to anyone other than a parent or legal guardian **unless** the name is listed below, or you send in written consent for your child to leave with someone else. We may ask for identification if we are unsure of the person picking up your child.

ADDITIONAL CONTACTS – List additional contacts for the child. **These individuals should be authorized to pick up the child in an emergency.**

NAME _____ Phone _____ Relationship _____

NAME _____ Phone _____ Relationship _____

NAME _____ Phone _____ Relationship _____

Each student will receive a bus pass to come to this program. Changes in the pick-up routine will occur only if your child is sick or you ask them to leave the program early.

MEDICAL INFORMATION

Are there any special medical conditions such as asthma, allergies, previous surgery, accessibility, diet, etc., which would require limits or restrictions on your child's activities? Yes No

If yes, please explain _____

Does your child need to take any medications during the program day? Yes* No

If yes, please list: _____

***If yes, please note that additional medical forms must be completed if accepted to the program.**

Will you send medication with your child? Yes No

(Note: All medications must be in labeled prescription container.)

Child's Doctor _____ Phone _____

Insurance Carrier _____ Policy Number _____

Attached a copy of front and back of insurance card? Yes No

Copies of insurance cards must be received in order to be considered for acceptance into the program. If your child does not have insurance, please call the office and we will help set up an appointment with the Waterbury Health Access Program (WHAP). They will help you and your family navigate the State of Connecticut's healthcare system.

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PROGRAM & PHOTO RELEASE

PARENT/GUARDIAN PLEASE READ CAREFULLY and Complete Every Section:

I _____ hereby give permission for my child, _____, to participate in the Waterbury Hospital Summer Program activities, which may include off-site events, academic assistance, continuing education, and recreational programs. **Yes** **No**

Initial _____

If a medical emergency arises, program staff will take all steps necessary to ensure the safety of the participant and will call 911, if necessary, for transport to an emergency facility. I understand that I will be responsible for any transportation charges and medical expenses incurred. **Yes** **No**

Initial _____

I agree that if a health condition exists now or in the future that would impact my child's participation in the program, I will notify the Waterbury Hospital staff immediately. **Yes** **No**

Initial _____

In addition, I give my consent to Waterbury Hospital to take photographs and/or video recordings of my child during program activities, which will be used for education and public relations purposes. **Yes** **No**

Initial _____

I hereby certify that I have read, understand, and agree to the information above:

Signature _____ **Date** _____

Print Name _____

Child's Name (please print) _____

Relationship to child: _____

WH Summer Bridge Team Use Only

Health Insurance Card: Yes No

Reference Yes No Report Card/Transcript: Yes No

WH Photo Release Signed Yes No

Interview Complete: Yes No By Whom: _____

2 Recommendation Letters: _____

Application Complete: Yes No

Will Parent come to Parent Night: Yes No Excused

Flu Shot: Yes _____ No _____

Student Enrollment Status: Date _____

Did Student participates in PEACH Spring Break 2023? Yes _____ No _____

Returning SBP Graduated: Yes No Date: _____

New Student Enrollment: Yes _____