

The page is decorated with numerous circles of varying sizes and colors, including red, teal, and grey, scattered across the background.

# Bridge to Excellence

PROGRAM YEAR: 2023-2024



# BRIDGE TO EXCELLENCE

## THE BRIDGE YOUTH CENTER MISSION

To provide a place where all students are safe, loved, and valued, surrounded by caring community members who introduce them to Christ's love in all that they do.

## THE B2E PURPOSE

A small group mentoring program designed to improve kids' school engagement by creating space to complete schoolwork and develop positive relationships with other students & caring mentors of all ages.

## WHAT HAPPENS HERE

At B2E kids have time to eat, hang out, and relax after school. We have a short devotional before the students into mentoring groups where they complete homework, play games, and build relationships. As with all Bridge programming, mentoring groups also participate in a number of service projects throughout the year. Twice a year, we incorporate our Bridging Out program to provide students an opportunity to serve the community, which may include being transported by staff to a specified location.

## SCHEDULE

2:30 pm – 5:00pm  
Monday & Wednesday

## PERKS OF B2E

- An awesome mentor that cares and is invested in their students
- An opportunity to stay on top of schoolwork
- Consistent community of adults and kids who care

## CONTACT US

- 616-772-3843
- 210 E. Main Ave Zeeland, MI 49464
- bridge2excellence@bymczeeland.org



# BRIDGE TO EXCELLENCE

## EXPECTATIONS & AGREEMENTS

The following expectations and agreements ensure the development of strong mentoring relationships and student success.

### We ask students to:

- Bring all school materials needed to complete work: textbooks, iPad or Chromebook, worksheets, projects, etc.
- Stay with mentor groups until 5:00 p.m. so that relationships can grow.
- Come to The Bridge every Monday & Wednesday, unless excused by a parent or guardian. Please contact us prior to the start of the day's program to inform us if your child will be absent.
- Take part in all activities specifically designed for Bridge to Excellence program, including community service.
- Make goals with their mentor, strive to achieve the goals, and agree to review goals at points throughout the year.
- Understand that more than three failures to follow these expectations can result in losing their place in the program.

### We ask parents to:

1. Provide permission for staff to communicate with school staff regarding educational purposes and to fill out surveys regarding classroom behavior as it relates to my child.
2. Allow staff to follow-up with student(s) both in school and at other Bridge programs.
3. Provide infinite campus login to be used by staff to obtain academic information. This information may be shared confidentially with mentors in order to track and meet academic goals.

### Infinite Campus Login:

Username: \_\_\_\_\_

Password: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing this agreement, you agree to the expectations and permission listed above.

This agreement is in place until the beginning of the following program year.



# BRIDGE TO EXCELLENCE



# CONTACT SHEET



\* Only fill out if you have not signed up for Summer '23/School Year '23/'24

STUDENT

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Student Email: \_\_\_\_\_

Student Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_

School: \_\_\_\_\_ 2023/2024 Grade: \_\_\_\_\_

Allergies or Medical Concerns: \_\_\_\_\_

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? \_\_\_\_\_

GUARDIANS

Parent/Guardian 1 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

Email: \_\_\_\_\_

Address: (if different than student) \_\_\_\_\_

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Parent/Guardian 2 Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

Email: \_\_\_\_\_

Address: (if different than student) \_\_\_\_\_

EMERGENCY

Emergency Contact Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone: \_\_\_\_\_ Home/Cell/Work (Circle)

\*Please sign waiver on reverse side\*

# WAIVERS & POLICIES



EMERGENCY POLICIES

**Severe Weather:** If a severe weather watch or warning is issued 1 hour prior to a scheduled event, that event will be cancelled. If issued during programming, the event will continue as scheduled, though parents may pick their children up. In the event of a tornado warning, anyone in the building will take shelter in an interior room and may not leave until the warning has expired.

**Closings:** If school or after-school events are cancelled, The Bridge will also be closed.

**Fire:** In the event of a fire, all program participants will be escorted to the lawn on the northwest corner of the building.

**CPR/First Aid:** There are certified CPR and First Aid staff members and an AED in the building in case of a medical emergency.

**Violent Intruders:** In the event of an intruder intending harm, staff will alert all program participants to flee the building out the nearest & safest exit.

WAIVERS & AGREEMENTS

**Health/Wellness:** To the best of my ability I will follow all health & wellness orders and guidelines laid out by local, state, and federal authorities.

I will monitor the health of my child regularly and communicate with The Bridge about any symptoms as soon as possible to ensure my child is staying healthy enough to participate in programs.

**Medical Treatment:** In case of an emergency, I provide permission for The Bridge to have my child treated by a physician and/or hospital.  Opt Out

**Media:** I grant my permission for the rights to use and record my child's image and/or voice on film, photograph, print, and other media to be used on social media, website, and any other form of print.  Opt Out

**Communications:** I provide permission for my child to receive texts from The Bridge.  Opt Out

**Transportation:** I provide permission for a representative of The Bridge to transport my child for program and/or emergency purposes.  Opt Out

SIGNATURE

By signing below, I agree to the above policies and permissions.

Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_