2024-2025

Dr. Betty Shabazz

Delta Academy

**PLEASE MAIL COMPLETED APPLICATION TO:**

 *Miami Alumnae Chapter*

*Delta Sigma Theta Sorority, Inc*

*P. O. Box 680726*

*Miami, FL 33168-0726*

*Attention: DELTA ACADEMY*

**Or you may email it to:**

*deltaacademymac@gmail.com*

**APPLICATIONS ARE DUE PRIOR TO THE FIRST SESSION WHICH IS SATURDAY, OCTOBER 12TH**

***AN APPLICATION MUST BE SUBMITTED PRIOR TO ATTENDING ANY DELTA ACADEMY SESSIONS.***

**DELTA ACADEMY SESSIONS WILL BE HELD AT:**

**MIAMI CENTRAL SENIOR HIGH SCHOOL**

**1781 NW 95TH STREET, MIAMI, FL 33147**

**APPLICANT INFORMATION**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Street Address Apt/Suite #*

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *City ZIP Code*

HOME NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_ CELLULAR NUMBER: (\_\_\_) \_\_\_-\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_\_\_

 (mm) (dd) (yyyy)

T-SHIRT SIZE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **PARENTAL INFORMATION**

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

CONTACT NUMBER: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 *Last First M.I.*

CONTACT NUMBER: (\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_ ALT NUMBER: (\_\_\_) \_\_\_\_- \_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDUCATION**

**GRADE LEVEL & MIDDLE/HIGH SCHOOL (PLEASE CHECK YOUR CURRENT GRADE LEVEL AND IDENTIFY YOUR MIDDLE/HIGH SCHOOL)**

 6TH GRADE 7TH GRADE 8TH GRADE 9TH GRADE

SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EXTRA-CURRICULAR ACTIVITIES (GIRL SCOUTS, TOP TEENS, SPORTS, DANCE, ETC)**

**PLEASE IDENTIFY ALL OF THE EXTRA-CURRICULAR YOU ARE A PART OF:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAVORITE SCHOOL SUBJECTS**

*(PLEASE CHECK ALL THAT APPLY)*

Language Arts Social Studies Math Art

Science Computers Home Economics Band

Drama Chorus/Vocals Physical Education Dance

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ESSAY**

PLEASE WRITE A 250 WORD MAXIMUM ESSAY. PLEASE ATTACH THE ESSAY TO THE YOUR APPLICATION.

**NEW MEMBERS:** WHY I WOULD LIKE TO BE A PART OF DELTA ACADEMY?

**RETURNING MEMBERS:** WHY SHOULD I BE CONSIDERED FOR DELTA ACADEMY FOR ANOTHER YEAR?

***\*\*A COPY OF THE 2023-2024 SCHOOL YEAR REPORT CARD (LAST REPORT CARD RECEIVED) MUST BE INCLUDED WITH THE APPLICATION. \*\****

**IN ADDITION, IF YOU ARE A PART OF OTHER ORGANIZATIONS AND/OR EXTRA CURRICULAR ACTIVITIES, SUCH AS TOP TEENS OF AMERICA, GIRL SCOUTS, SPORTS, ETC. PLEASE SUBMIT YOUR CALENDAR OF EVENTS ALONG WITH YOUR APPLICATION.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE *DATE*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*APPLICANT SIGNATURE DATE*

**APPLICATION DEADLINE:**

***(APPLICATION MUST BE MAILED, or HAND DELIVERED AT FIRST SESSION)***

**SATURDAY, OCTOBER 12, 2024**

**VIRTUAL MENTORING GROUPS ORIENTATION AND RISK MANAGEMENT TRAINING WILL BE HELD ON:**

**SATURDAY, SEPTEMBER 14, 2024**

**Dr. Betty Shabazz Delta Academy Contact**

Delta Adrienne Burrows, *Chair*

Delta Chandale Williams, *Chair*

deltaacademymac@gmail.com

**EMERGENCY CONTACT INFORMATION**

Parent/Guardian #1

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian #2

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If for any reason I/we cannot be reached, please contact the following person(s) whom I/we**

**hereby authorize to seek emergency medical or surgical care for my/our child.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Participant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_

**YOUTH PICK-UP AUTHORIZATION FORM**

I authorize \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ the persons listed below to pick-up my child from the **DELTA ACADEMY** youth initiatives 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT FOR YOUTH**

**PARTICIPATING IN YOUTH INITIATIVES PROGRAM**

1. Respect all participants (other youths and adult volunteers) by not using foul, hurtful or

obscene language or engaging in physical violence, bullying (including cyber-bullying)1

or other aggressive behaviors that threaten the safety of others.

1. Respect the property rights of other. This means do not damage or deface the building or property within the building where chapter activities are held; do not damage or take the personal property of any other participant or volunteer; and do not use Delta’s name or any symbol or logo (Delta’s intellectual property) on any clothing, books, bags, or other items.
2. Return supplies to their proper place after using them.
3. Clean up all work areas properly.
4. Listen carefully to directions and when someone else is talking.
5. Respect designated quiet areas, such as homework/reading area.
6. Stay within the program’s designated areas within the building.
7. Cooperate and participate in organized activities.
8. Assume full responsibility for all personal belongings. Please leave valuables at home.
9. Do not bring any weapons, cigarettes/drugs, alcohol, or anything illegal to any activity at

any time.

**Sanctions for Violating *Code of Conduct***

**Bad Language/Abusive Teasing and Related Acts:**

1st Time: Verbal warning, *parent or guardian notified from this point forward*

2nd Time: Loss of privileges

3rd Time: 1-day suspension from program

4th Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

**Physical Violence and Other Misconduct:**

1st Time: Removal from situation, loss of privileges, *guardian notified from this point forward*

2nd Time: 1-day suspension from program

3rd Time: 1-week suspension from program

***Next occurrence youth is removed from the program.***

**Illegal Substances or Dangerous Weapons**

1st Time: Youth is removed from the program. If a youth is in possession of an illegal substance

or dangerous weapon, the police will be notified as well

With my parent or other adult, I have read the *Code of Conduct* and sanctions for violating the

Code. I understand the Code and the sanctions. I will follow the *Code of Conduct*.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DA Participant - Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*\*\*\*\*\*\*\*\*\*\*\*\*

I have read and understand the *Code of Conduct* and sanctions for violating the *Code of Conduct*.

I understand that my child’s compliance with the *Code of Conduct* is a condition of her/his

participation in the Delta Academy program. I agree that the sanctions for violating the *Code of*

*Conducts are* reasonable and will help my child comply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent - Print Name Signature

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DELTA SIGMA THETA YOUTH INITIATIVE SIGN IN/SIGN OUT POLICY**

It is the policy of the Miami 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 Youth Initiative Program (“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 youth initiative; 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/their status (as

member, youth, volunteer, or visitor). The form should distinguish whether a member is

assisting with the Program or is a visitor/observer.

1. 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.

1. One of the following procedures shall be observed during departure and return:

a. Parents or an authorized representative will sign out youth.

b. 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.

c. When chapters provide transportation to offsite sponsored events, members will

 develop and implement a system to ensure that all youth participating for the day

 board the correct bus or other vehicle at the time of departure to and return from a

 scheduled activity.

**Chapters should clearly communicate to parents or guardians that, if a parent or guardian**

**wishes to arrange alternative transportation for their child to attend an offsite activity, the**

**youth may join the group at the event or activity, but the Miami Alumnae Chapter assumes no responsibility or liability for the youth participant for any non-chapter-sponsored activity or transportation.**