

Make-It-Citck, Inc.

uBuntoo Leadership Institute

6th-12th grade | Application

For more information:



www.make-it-click.org



How to Apply:

One of the unique aspects of Make-It-Click is our ability to provide culturally centered programming to girls wherever they congregate. By recruiting local volunteers dedicated to the mission of Make-It-Click, we can offer a variety of innovative programs to girls throughout the greater Atlanta area, including Cobb, Fulton, Douglas and Dekalb Counties. We partner with like-minded non-profit, schools, community, and state agencies to provide our programs to their girls in their space. Upon receipt of your application, our staff will review and determine eligibility, follow up with any questions and will inform you about the status of your teen's application.

Note: To help us keep these programs available, Make-It-Click, Inc. must raise funds from a variety of donors. Please help us in this effort by answering the following questions. This information will only be shared as an aggregate number (i.e. 50% of girls...) and will NOT affect your teen's participation in the program.

Eligibility:

- □ Completed Registration Packet
- □ Proof of age 12 16
- □ Internet Access & Transportation
- Parent/Guardian email address used for login
- □ Zoom passcode provided to registered participants

General Program Information

Program Contact Information

Dr. Sarah Bingham

Telephone: 470-222-4728 Email: sarah.bingham@make-it-click.org Office Hours: 9:00am to 5:00pm Program Hours: Mon-Wed 10am-12pm (virtual) Saturday 10am-4pm (in person)



Programs Fees

The fee for participating in the uBuntoo Leadership Institute is waived for 2022 participants. We will accept your donation of any amount to support future leadership opportunities for girls of color. Please submit donations to <u>make-it-click.org</u>.



Program offerings will include a mixture of virtual and in person activities. Registration is ongoing. *A separate registration form must be completed for each participant.

Carefully read the Code of Conduct included in this packet with your teen. Please be sure you and your child sign the "Signature Page" to show that you both agree to all rules, regulations, and policies.

Registration: For planning and staffing purposes as well as to assist your teen in getting access to technology please complete the entire application.

- Send an email to <u>referals@make-it-click.org</u> for the teen registration form.
- Rolling registrations will be accepted throughout the 4-week program if space and supplies are available.
- Parents/guardians will be notified (via email or telephone) of the student's acceptance and provided with Zoom passcode to access video conference virtual sessions.
- You may reach us by calling (470) 469-5580, Monday through Friday, 9 a.m. to 5 p.m. or by emailing info@make-it-click.org.

uBuntoo Leadership Institute in a Packet Pickup: The uBuntoo packet will contain materials related to the Virtual and in-person programs offered by Make-It-Click. Registered participants will be notified of the inperson location and date for their packet pick up the week of June 13. **Lunch and snacks provided for inperson workshops.*

Stipends: A weekly stipend will be provided to participants who attend both online and in person sessions. Stipends will be provided by way of a gift card to parents our teens at the end of the in-person workshop.

Web Access: Registered participants will receive a Zoom passcode to access virtual sessions. To access the daily virtual sessions, click the following link:

Themes: Institute weeks and	themes are listed below.		
Week 1 (June 13 th – 15 th)	Theme: Connecting New Ic	leas and the Future – Tl	he Black Dollar.
	6.13- Developing A	6.14- Design Thinking	6.15- Intro to the
	Growth Mindset	101	Business Model
			Canvas
Week 2 (June 20 th – 22 nd)	Theme: The Power of Black	Innovation	
	6.20- Polish Business	6.21- Begin preparing	6.22- Prepare Market
	Model Canvas	Market Day oral pitch	Day pitch
In-person workshop (June 25 th)	6.25- Market Day pitches &	Submit Market Day loar	n request to Board
Week 3 (June 27 th – 29 th)	Theme: Connecting A Mov	ement for Social Justice	e
	6.27- Determine workflow	6.28- Market Day	6.29-Final Market Day
	& logistics	prep	prep
In-person workshop (July 1 st)	7.1- Market Day		
Week 4 (July 5 th - 6 th)	Theme: Celebrating My Co	mmunity and My New S	Strength: My New
	Foundation.		
	7.5- Market Day follow-up	7.6-Youth Voice	NA
Award ceremony (July 9th)	7.9- Award Ceremony Band	quet	



Section 2: Policies and Procedures

* Participants and parents sign on the signature page to show agreement after reading.

Inclusion: It clicked for us in more ways than one – our tribe is as varied as our services. We're particularly focused on making sure young black girls and femmes are equally empowered with leadership qualities by drawing on the innovative and unique experience of our diverse tribe. Because to create a world where our youth feel represented, heard, and affirmed is the point of inclusivity – and the start to real change.

Permission: I hereby grant permission for my teen to participate in any or all virtual programs. I understand that participation by my teen is completely voluntary. I agree, to my knowledge, my teen is physically and medically able to participate in these activities. If any injuries do occur to my child, I also understand the MIC personnel will respond in the same manner that occurs during distance learning activities. Initial here

Photo/Information Release: By signing this form, I give permission for my teen Enter teen's name to be photographed and/or videotaped for use in publicizing MIC programs and services. Your teen's registration information provided to the MIC may be used for data collection purposes and provided to funders and donors to support the growth and sustainment of MIC programs.

Please check here if you do not grant the MIC permission to release your child's registration information.

Enter teen's name may be invited to submit original audio or video content for possible posting on the MIC website. If [your child provides/you provide] original audio or video content for MIC, you agree that MIC may freely post and share that content on the internet. You also agree that MIC may create, post, and share edited versions of the content. uBuntoo Leadership Institute belongs to MIC and reserves the right to review, revise, or not post content for any reason, including compliance with State policies.

□ Please check here if you do not grant the camp permission to post original audio or video content created [your teen/you].

Information: MIC will not disclose any personally identifiable information collected during youth registration and online sessions to third-party entities or agencies except where you have given us permission, or where the information is public information under the Georgia Open Records Act O.C.G.A. 50-18-70 et seq., or other applicable laws. MIC participants should be aware that information collected through the online and in-person sessions may be subject to examination and inspection if such information is a public record or not otherwise protected from disclosure.

Behavioral Issues: If the actions of a participant may cause harm to anyone or interfere with program activities, MIC staff reserves the right to deny continuation in the program. Please see the detailed Rules of Conduct below.

Participation: The uBuntoo Leadership Institute will offer a combination of synchronous (live) structured enrichment, recreation, and academic activities, as well as asynchronous activities that your teen can access independently to actively pursue their interests after the awards ceremony.



Section 3: Rules of Conduct

Participants and parents sign on the signature page to show agreement after reading.

Student Code of Conduct:

Although our environment is virtual (online), the standards of behavior remain significantly important to maintain. In other words, our virtual classrooms are real classrooms with real MIC Staff; therefore, appropriate participant behavior is expected. To ensure that all participants understand how to behave in an online environment, we have developed a code of conduct that all participants are required to follow. This code of conduct addresses participant interaction with MIC staff, and other MIC participants, as well as, their individual actions, which is expected to be followed. If there are specific strategies for working with your child you feel would be helpful to share, please reach out to the MIC staff before the start of camp so they can be integrated into the planning.

Participants:

- Follow the same guidelines provided by the MIC Code of Conduct and the paragraph above.
- Show respect for others in what you do and say.
- Be involved in your activities each day and encourage others to do so as well.
- Listen to the MIC staff and follow directions carefully.
- Maintain your self-control.
- Attend regularly & Have fun!

Parents:

- Support the uBuntoo Leadership Institute and work with them to resolve disciplinary problems.
- Understand monitoring your teen's online activity is a parent's responsibility.
- Provide adequate transportation to and from in-person workshops.

Termination of Service/Ineligible for Services:

- If the participant's actions cause injury to self, peers, and/or staff.
- If the participant exhibits inappropriate behavior which may inhibit participation in activities.
- If the participant engages in repetitive, aggressive, harmful, and/or disruptive behavior.
- If the participant fails to follow the general rules of conduct.
- If the participant engages in any drug related activity ATOD (Alcohol, Tobacco and Other Drugs).
- If the participant is involved with the destruction of center property.
- If the participant does not meet the eligibility criteria for the program.
- If the participant participates in inappropriate online activity.

Behavior Guidance and Management:

From time to time the MIC staff must take actions to resolve a problem that is disruptive to the virtual program and other participants. Behavior guidance requires very specialized skills. We appreciate your support as staff try to find a solution that promotes non-disruptive behavior and allows your child to participate without incident in the activities. Staff members use a proactive approach to meet the needs of the participants by planning age and ability appropriate activities, discussing the needs of the participants with their parents, and evaluating the entire environment. The safety of the participants and staff is of paramount concern.



Section 4: COVID-19 Waiver of Liability

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. **COVID-19 is extremely contagious** and is believed to spread mainly from person-toperson contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and, in many locations, prohibited the congregation of groups of people.

Make-It-Click has put in place preventative measures to reduce the spread of COVID-19; however, MIC cannot guarantee that you or your teen will not become infected with COVID-19. Further, attending inperson workshops could increase your risk and your teens risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my teen and I may be exposed to or infected by COVID-19 by attending Girls Inc. and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at MIC my result from the actions, omissions, or negligence of myself and others, including, but not limited to, MIC employees, volunteers and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my teen or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my teen may experience or incur in connection with my teen's attendance at the uBuntoo Leadership Institute in-person workshops. On my behalf, and on behalf of my teen, I hereby release, covenant not to sue, discharge, and hold harmless MIC, its employees, volunteers, and partners, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of MIC its employees, volunteers, and partners, whether a COVID-19 infection occurs before, during, or after participation in the uBuntoo Leadership Institute.

	Click or tap to enter a date.
Signature of Parent/Guardian	Date
Print Name of Parent/Guardian	
	Click or tap to enter a date.
Print Name of MIC Participant	Date



Georgia Division of Family & Children Services Well-Being Services Section Afterschool Care Program

Photo/Video Release Agreement

Page 1 of 2

Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Afterschool Care Program staff. When we tell others the story about the DFCS Afterschool Care Program, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in the DFCS funded afterschool program.

If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.

If you have any questions regarding the Photo Release Form, please contact the DFCS Afterschool Care Program at 404-657-4651.



	Care Program
	Page 2 of 2
	County, Georgia
Make-I	t-Click, Inc
1.	I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2.	This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3.	Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4.	I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5.	I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.
Parent/	Guardian Name
Parent/	Guardian Address
Parent/	Guardian Telephone
Photo I	Description: Participation in the DFCS funded afterschool/summer program activities.
Child P	articipating in Program:
Name	Age
	Guardian Signature Date



	Teen's Information	1	
		1 1	
Last Name	First Name	Date of Birth	Age
Home Address	City, Zip Code	School	Grade
		Pronouns	
Racial/Ethnic Background (check all		Other:	
Gender Identity:	Primary Languag	e Spoken at Home:	
Section 5: Youth and Family Infor	mation		
<u>P</u> (arent/Guardian Inform	nation	
Parent/Guardian #1 Nam	ne	Parent/Guardian #2	Name
Relation to Teen		Relation to Teen	
Home Address		Home Address	
()	(
Home Telephone Number		Home Telephone Nu	mber
()	(
Cell Phone Number		Cell Phone Number	r
()	(
Work Telephone #	-	Work Phone Numb	er
Q	_	Ø	
E-Mail Address	·	E-Mail Address	[_]
	nstitute. MIC will not disclose th C may be required by law to d	gress Report) It recent report card and/or pro- ne content of any such records o so. All records willbe used for	to any other party
I hereby authorize MIC to observe my educational, physical, medical, psycholog providers and other caregivers. All recor- out of school time programs. Parent/Guardian Signature:_	gical and/or other needs with h ds will be used for the purpose	nis /her teachers, specialists, the	erapists, medical cipation in MIC's
		,,	

For Office Use Only Original Date of Admission into Program:

PLEASE PRINT CLEARLY



Section 6: Emergency Contacts, First Aid, Medical Care Consent

I do do not aive my teen for publicity and ma	<u>Media Release</u> permission to Make-It-Click. Inc. to arketing purposes only. participate in all Make-It-Click program	Parent/Guardian Initials:
I I hereby give my teen permission to	<u>Media Release</u> permission to Make-It-Click. Inc. to arketing purposes only. participate in all Make-It-Click program	o use photoaraphic, audio and video Parent/Guardian Initials: ms, activities and trips. I understand that the
I do do not aive	<u>Media Release</u> permission to Make-It-Click. Inc. to	o use photoaraphic, audio and video
I do do not aive	<u>Media Release</u> permission to Make-It-Click. Inc. to	
		Parent/Guardian Initials:
		Parent/Guardian Initials:
	iy leen.	
Aid/CPR when appropriate. I unders requiring medical attention for my	stand that every effort will be made to teen. However, if I cannot be reached, re facility and/or to	First Aid and/or CPR to give my teen First contact me in the event of an emergency I hereby authorize the program to transport , and to secure
	First Aid and Medical Care Consent	
Allergies:	Symptom	ns of Allergic Reaction:
Chronic Health Conditions:	Medicatic	ons:
Medical Information: If your teen us teen. Please askprogram staff for a		gned Medication Consent form on file for your
Health Insurance Company:	Po	olicy #:
Child's Pediatrician or Source of He Name of Doctor and Address	ealth Care:	Phone Number: ()
Do you give permission for your te	een to be released to this person? Yes No	
	Phone: ()	
3. Name:	Address:	
Do you give permission for your te	een to be released to this person? Yes No	
	Address Phone: ()	
	Address:	
	Phone: () een to be released to this person? Yes No	
1. Name: Relationship to teen:	Address:	

Parent/Guardian Signature

PLEASE PRINT CLEARLY

Date



SIGNATURE PAGE

Section 1: Program Day Section 2: Policies and Section 3: Rules of Con Section 4: COVID-19 Wo Section 5: Youth and Fo Section 6: Emergency of Bright From The Start Notice of	Procedures iduct aiver of Liability amily Informatior Contacts, First Aid	n d, Medical Care Consent
	sed by Georgia De	ogram is not licensed. I also understand this partment of Early Care and Learning and this s.
		Click or tap to enter a date.
Registration packet which ar	e associated with	Click or tap to enter a date. Date Ind all policies and procedures of the Teen the operation of the uBuntoo Leadership tual MIC program rules and code of
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