Desiring Every Student to Increase Necessary Educational Development™ Youth Empowerment for the 21st Century Student

D2S Summer Success 2024

New Haven, CT

July 1-August 2, 2024

Thank you for your interest in attending D2S Summer Success! D.E.S.T.I.N.E.D. to Succeed, Inc. is a 501(c)(3) youth & family development organization located in New Haven, CT serving the Greater New Haven area. We offer year-round programming for Grades 7-12 and families to help empower participants through enrichment, empowerment, and cultural capital building activities.

D2S Summer Success is a 5-week-long program where participants entering Grades 8-9 are provided with services that include Freshman prep, sports, general fitness, educational classes and programs that teach career exploration, college preparation, leadership development and life skills, as well as positive memories and real-world skills that will assist them in their lives and in their communities.

Any participant who will be a rising 8th grader and rising 9th grader at the time of D2S Summer Success may apply. For more specific information, please contact us at info@destined2succeed.org or by phone at (203) 691-8540.

APPLICATION PROCESS

Please read the following carefully. *D2S Summer Success enrollment is first come, first served.* If you prefer to apply online, you can find a link to our online application at www.destined2succeed.org/D2SSummerSuccess.

To apply by mail, please send us: **the program application**, **photo release**, and the **\$400 non-refundable Registration Fee**. The application and photo release can be scanned and emailed back to us. Be sure to include your signature.

We will notify each applicant regarding enrollment status as soon as possible, typically within 48 hours of receiving your <u>complete</u> application including Registration Fee. Once your child is enrolled, we will send you a confirmation email.

IMPORTANT: If you don't hear from us within 48 hours of submitting your application, it may be incomplete; please contact us to find out what is missing!

COST

D2S Summer Success costs \$400/week with a non-refundable Registration Fee due with application. Limited scholarships and sponsorships will be available on a case by case basis.

D2S SUMMER SUCCESS PROGRAM SITE

D2S Summer Success will be located at Albertus Magnus College, Aquinas Hall, 700 Prospect Street, New Haven, CT 06511.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]

CONTACT INFORMATION

Mailing Address: PO Box 4122 Hamden, CT

06514

Website: www.destined2succeed.org
Email: info@destined2succeed.org

Phone: 203.691.8540

IMPORTANT: DO NOT SEND any mail to our office or program location. Please use our PO Box only.

WHEN TO SHOW UP AND WHAT TO BRING

D2S Summer Success is Monday-Friday, 9:00 am-5:30 pm. Participants should wear comfortable clothing and close-toed shoes, and a water bottle is highly recommended. Please note that if your child chooses to bring personal items, D.E.S.T.I.N.E.D. to Succeed, Inc. cannot be responsible if it is lost, stolen or damaged.

COMPLETING YOUR APPLICATION Include the following:	\rightarrow	and send it to: D.E.S.T.I.N.E.D. to Succeed, Inc.	OR
☐ Program application		ATTN: D2S Summer Success	scan 8 email
☐ Photo/Video/Film Release Form		P.O. Box 4122	
☐ \$400 non-refundable application fee		Hamden, CT 06514	

Checks should be made out to: "D.E.S.T.I.N.E.D. to Succeed, Inc." and D2S Summer Success 2024 noted in the memo section.

OR

Pay via the attached invoice (preferred method).

IMPORTANT INFORMATION

Applications available May 1, 2024 until full.	First come, first served – apply as soon as possible.
Registration Fee must be paid in full	With application.
Return paperwork packets due	Upon receipt.

Thank you for your interest in D2S Summer Success -- we look forward to succeeding with your child!!!

Any photos, recorded (audio or video) and written materials created for and/or during D2S Summer Success are property of D.E.S.T.I.N.E.D. to Succeed, Inc. and may be used for promotional purposes at our discretion.

The policy and intent of D.E.S.T.I.N.E.D. to Succeed, Inc.'s D2S Summer Success program is to provide equal opportunity for all persons regardless of race, color, religion, national origin, ancestry, marital status, political affiliation, affectional orientation, sex, status with regard to public assistance, disability, age, veteran status, and any other status protected under federal, state, or local laws. We promote respect and do not tolerate racism, sexism, homophobia, or other discriminatory behavior or expression.

[PLEASE KEEP THIS PAGE FOR YOUR RECORDS]



Desiring Every Student to Increase Necessary Educational Development™ Youth Empowerment for the 21st Century Student

Name of Student: _____ Date of Birth: _____

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age	session	or
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	rea	ann fee □v □

Summer Program Application (Thanks for printing legibly or typing!)

1. SESSION

• D2S Summer Success will run from July 1-August 2, 2024.

2	PARTICIPANT	PRIMARY	CONTACT	INFORMATION
∠.		1 1/1141/21/1	CONTACT	

Age (at time of registration):	_ Does your child nee	ed bus transportatior	า? <u>N/A</u>		
Name preferred to be called (if different):					
Name of School:		Grade Enterir	ng:		
T-Shirt Size (circle one): Youth: XS	SM MED LG or Adult: S	SM MED LG XL XXL	XXXL		
Name of Parent/Guardian/Primary C	ontact:				
Mailing Address:					
City:	State:	Zip Code:	de:		
Home: Cel	l:	Work			
Email address you check frequently:					
Best way to contact you? (Circle on	ie) Home Phone	Cell Phone	Email		
$\boldsymbol{\theta}$ Please send my paperwork via US	mail or θ Plea	ase send my paperw	ork via email		
What is the race/ethnicity of the parti	cipant?*				
θ Prefer not to say					
*Knowing the demographic makeup of our participants/community can assist in grant writing, intentional outreach, and more please respond if you feel comfortable.					
3. EMERGENCY CONTACTS (please provide two additional people, different from the parent/guardian listed above, who would automatically be the first person we contact)					
First Contact's Name:		_Relationship:			
Home Phone:	Work/Cell Phone: _		ext		
Second Contact's Name:	Re	elationship:			
Home Phone:	Work/Cell Phone: _		ext		

your child's needs)		
about?		Illergies, or special needs the staff should know
Does your child have any behavioral or	emotio	nal issues the staff should know about?
Is your child taking any medications to tr	eat the	ese conditions?
5. OTHER INFO		
Are there other participants your child is	hoping	to attend with?
Is there anything else you would like us	to knov	v?
To complete your application; please refundable Registration Fee made pay		. •
D.E.S.T.I.N.E.D. to Succeed, Inc. ATTN: D2S Summer Success 2024 P.O. Box 4122 Hamden, CT 06514	OR	(Preferred method) Submit this form by email and pay the \$400 non-refundable Registration Fee via attached invoice. Be sure to sign the application.
YOUR APPLICATION WILL NOT BE P	ROCE	SSED WITHOUT THE REGISTRATION

4. SAFETY INFORMATION (please list all known conditions so we can accommodate

Thank you!

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