



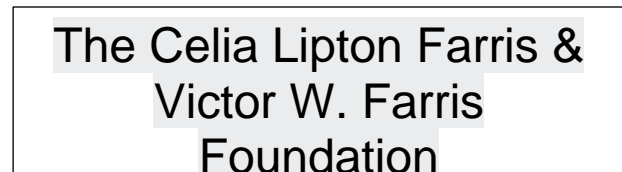
**ABPsi South Florida and Black Healers Network
Summer Empowerment Program
Registration and Information Packet**

Our Mission:

The Association of Black Psychologists (ABPsi) sees its mission and destiny as the liberation of the African Mind, empowerment of the African Character, and enlivenment and illumination of the African Spirit. Members of the South Florida chapter work independently and collaboratively with organizations such as the Black Healers Network throughout South Florida and nationally to provide trainings, workshops, and summer programs for youth. The purpose of the summer program is to create, uplift, and empower Black youth to *build skills and a mindset that will enable them to make positive contributions to their lives, families, schools, neighborhoods, and community.* This will be accomplished through culturally relevant activities and emotional emancipation healing circles.

Our Motto:

Ubuntu which is Swahili for 'I am because of who we all are'



Welcome!!

Welcome to ABPsi South Florida (ABPsi South Florida) and Black Healers Network (BHN)'s Summer Empowerment Program

THIS IS GOING TO BE AN EMPOWERING AND FUN SUMMER!!!!

We are proud to announce that we are funded by The Florida Initiative for Suicide Prevention, via a grant from The Farris Foundation. Our summer program will be designed to offer our youth an opportunity to enhance their racial awareness, socio-emotional skills, self-concept, and self-esteem.

The objectives of ABPsi So. FL. & BHN Summer Program is to:

1. Promote cultural awareness through diverse artistic mediums (e.g., poetry/spoken word, visual arts, and photography)
2. Build their self-esteem through social-emotional development activities, public speaking activities, and group problem-solving activities.
3. Provide well-trained, knowledgeable, dedicated, and caring facilitators who create activities that promote cultural awareness.
4. Build relationships with the youth and promote well-being through the use of emotional emancipation healing circles. We will continue to build upon the relationships developed from the summer program via communicating with the youth through WhatsApp and seek funding for an afterschool face-to-face program.
5. To instill the following core values:
 - **RESPECT** – for others and yourself, in all areas of life.
 - **ACCOUNTABILITY** – being responsible for your choices and actions and the consequences, positive or negative, that may result.
 - **HARD WORK** – challenging yourself and putting forth your full effort in everything you do.
 - **HONESTY** – being truthful with others and with yourself, playing fair, and valuing sportsmanship
 - **TEAMWORK** – co-operating with others and working together to learn, have fun, and accomplish goals.
 - **FUN** – enjoying what you are doing and feeling self-empowered.

Staff consists of Dr. Pamela D. Hall, Program Director, Owner, and Operator of BHN and VP of ABPsi South Florida; Conswello Davis, RMHCI, Program Coordinator, Mental Health Counselor and Member of ABPsi South Florida; Jordan M. Pate, MS, Youth Mental Health Counselor and Member of ABPsi; and Patrick “aka Mecca” Marcelin, Haitian Artist, Teacher, and Historian.

This handbook covers the policies and procedures of **ABPsi South Florida and Black Healers Network Summer Empowerment Program**. Please review the handbook and contact staff if you have any questions at info.abpsisfl@gmail.com or 305.899.3272.

Registration Information

Registration forms are attached. To participate we need both youth and their parent or guardians to sign all forms.

Registration Fee

There is no registration fee associated with this program. Thanks to our funders, The Florida Initiative for Suicide Prevention, via a grant from The Farris Foundation, the program is fully funded and is free to your youth.

Registration Forms

Please submit the complete registration packet in order to be eligible to participate. **The packet should be returned to Dr. Pamela D. Hall, Program Director by emailing it to info.abpsisfl@gmail.com**

Policies & Procedures

1 Participation

- 1.1 Youth participating in the ABPsi So. FL. & Black Healers Network Empowerment Program are responsible for providing their tablet, laptop, or device to log on to the virtual zoom summer program meetings.
- 1.2 Participants will need to have the Zoom app downloaded on their device.
- 1.3 Only registered youth who are participants are allowed to log on and attend the summer program.

2- Attendance

2.1 You have agreed to participate in this 6-week program that will meet once a week from 1:00-3:00 pm on Wednesdays. Participants who attend the entire session, each week (*perfect attendance*) will receive a \$10 gift card and will be eligible for drawings to receive other prizes.

3- Fun work

3.1 Since we are only meeting virtually and can only meet once a week, you will be asked to complete creative activities sometimes called “fun work,” on your own time. On the weeks that you have “fun work” we will share that information the following week we meet. You will be able to reach staff, via email at info.abpsisfl@gmail.com or 305.899.3272, to ask questions or get clarification.

4- Behavior Expectations

- 4.1 Facilitators of *ABPsi So. Fl. & Black Healers Network Empowerment Program* will only communicate with parents via phone and email if their youth appears to be in crisis and in need of additional support. However, all information the youth share during the summer program will be kept confidential.
- 4.2 We intend to create a positive, respectful environment. We will treat all participants with courtesy We expect that our participants will approach us, and each other, in the same manner. Mutual respect includes:

- 1. No foul language.**
- 2. No put-downs, teasing, or name-calling.**
- 3. Respectful of everyone.**
- 4. No lying**
- 5. Listen to and follow directions of Facilitators.**
- 6. Enjoy our time together and have fun!!**

Registration Information for ABPsi So.FI. & Black Healers Network Summer Empowerment Program

[Participant's] Last Name _____, First _____ Middle Initial _____

Child's Date of Birth (mo/day/yr) Child's Gender Male Female Child's Current Grade

Is Child Proficient in English? Yes No

Other Language(s) Spoken in the Home Spanish Haitian-Creole Other _____ None

Street [mailing] Address _____ City _____ ZIP Code _____

Child's Ethnicity Hispanic Haitian Other, please specify _____

Child's Race American Indian or Alaskan Asian Black or African American
 Pacific Islander White Other, specify _____

Child's Primary Caregiver (full name) _____

Primary Caregiver Email _____

Primary Phone

I give permission for my child(ren) to participate in ABPsi So. FI. And BHN's Summer Empowerment Program.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

FOR STAFF USE ONLY (MUST BE COMPLETED)

ORGANIZATION _____

FUNDER _____

**PARENT/GUARDIAN CONSENT TO
ZOOM RECORDINGS/PHOTOGRAPHY/VIDEOTAPING**

I, the parent/guardian of _____ (“minor child”), hereby give consent and permission to ABPsi So. Fl. & BHN, and its staff, employees, agents, and volunteers to use **any Zoom recordings for educational purposes and future funding opportunities.**

I have read this Parent/Guardian Consent for Zoom recordings to be used for educational purposes and future funding opportunities, and have the authority to sign on behalf of my minor child and myself, and sign voluntarily. This consent shall remain valid unless and until revoked in writing.

NAME OF MINOR PARTICIPANT) (please print): _____

NAME OF PARENT/GUARDIAN (please print) _____

Signature of Parent/Guardian

Email Address

Telephone Number

Date

Acknowledgment of Receipt of Handbook*

I acknowledge that I have reviewed **ABPsi South Florida and The Black Healers Network Summer Empowerment Program’s Registration Handbook**, as published in June, 2020. I acknowledge that I am responsible for knowing and understanding the information. I understand that if I have any questions, I may contact the Program Director, Dr. Pamela D. Hall at info.abpsisfl@gmail.com or 305.899.3272.

I agree to follow these guidelines as a participant in the program.

* _____
(Student’s Signature)

(Date)

I have reviewed the Handbook personally, together with my child.

* _____
(Parent/ Guardian Signature)

(Date)