



Delta Sigma Theta Sorority, Incorporated
 Quaker City Alumnae Chapter
 www.DSTQuakerCity.org



Dr. Jeanne L. Noble Delta GEMS Institute

“Catching the Dreams of Tomorrow, Preparing Young Women for the 21st Century”

Dr. Jeanne L. Noble Delta GEMS (Growing & Empowering Myself Successfully) Institute was created to help African American young women realize their dreams. The program targets high school girls between the ages of 14 and 18 and motivates them toward academic and personal success. The goals of this program are to: provide tools that enable girls to sharpen and enhance their skills to achieve high levels of academic success; to assist girls in proper goal setting, decision-making; and planning for their futures – high school and beyond; and to create compassionate, caring, community-minded young women by actively involving them and community service opportunities.

The Dr. Jeanne L. Noble Delta GEMS Institute provides an opportunity for local Delta chapters to enrich and enhance the education that our young pre-teens and teens receive in schools across the nation. Specifically, we augment their scholarship in math, science, and technology, their opportunities to provide community service, sisterhood, and the cultivation and maintenance of relationships. A primary goal of the program is to prepare young girls for full participation as leaders in the 21st Century. Quaker City Alumnae Chapter offers activities and a curriculum that promotes dialogue, introspection and maturity, which will result in positive growth among the participants.

Important dates	
Application Deadline & MANDATORY Parent/Participant Meeting	September 11, 2018 -6:30pm– Ogontz Senior Center (7210-18 Ogontz Ave)
All regularly scheduled meetings are (parents will be notified in advance of any changes)	From 11am-2pm unless otherwise specified. 3rd Saturdays of the month September 2018 – June 2019
Meeting Address (unless otherwise noted)	Ogontz Senior Center 7210-18 Ogontz Ave Philadelphia, PA

Behavior Policy

Students must comply with the rules and regulations established by Delta Sigma Theta Sorority, Inc., Quaker City Alumnae Chapter, and the Dr. Jeanne L. Noble Delta GEMS Institute program.

Attire

Participants should look neat (hair included) wearing appropriately fitted skirts (modest length) or pants and comfortable shoes. Please, NO low rise or ripped pants.

For field trips: The official Dr. Jeanne L. Noble Delta GEMS Institute shirts or backpack must be worn with aforementioned appropriate bottoms and comfortable walking shoes. Shirts will be issued day of trip.

The Dr. Jeanne L. Noble Delta GEMS Institute participants will need a white shirt, black skirt and black shoes for the year-end ceremony.

Costs - The cost of this program is FREE.

Mail Completed Application To: Delta Sigma Theta Sorority, Inc. Quaker City Alumnae Chapter Attn: GEMS P.O. Box 42831 Philadelphia, PA 19101	For More Information Contact: Dr. Jeanne L. Noble Delta GEMS Institute Chairpersons: GEMS@dstquakercity.org Co-Chair: Dr. Helene Philogene, 215.200.1057 and Co-Chair: Kristen Cummings, Esq. 215.850.3127 President : Dr. Claudette Stone, qcapresident@yahoo.com
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Please bring completed application to Mandatory Parent’s Meeting, or scan and email to GEMS@dstquakercity.org by **September 11, 2018.**



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2018 - 2019 Application
 PLEASE TYPE OR PRINT ALL INFORMATION

Student's Personal Information			
Student Name (First, Middle Initial, Last)		Date of Birth:	Gender:
Address: (Number, Direction, Street, Apt #)		City/State	Zip Code
Home Telephone: ()	Cell Phone: ()	Email Address:	
School Name:		School Address:	
Allergies (Food/Drug):	Medical Conditions:	Medication(s):	Comments:
Family/Contact Information			
Parent/Legal Guardian Name:		Cell Phone: ()	Work Telephone: ()
Parent/Legal Guardian Email Address:			
Name of Health Insurance:		Policy Holder Name:	Policy #:
Emergency Contact Name #1:		Telephone#: ()	Relationship to Student:
Emergency Contact Name #2:		Telephone#: ()	Relationship to Student:
T-Shirt Size _____ (S, M, L, XL, XXL)			
Public Transportation/Sign-Out (Does your child have permission to sign herself out at the end of the program without a parent/guardian present). _____ Yes _____ No			



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Student Standards of Conduct

I agree by signing this form that I will comply with the established Dr. Jeanne L. Noble Delta GEMS Institute rules and instructions for student behavior. I also agree that Quaker City Alumnae Chapter has the right to enforce appropriate Standards of Conduct and that, at any time during our programming, Quaker City Alumnae Chapter has the right to terminate my child’s participation for failure to abide by the Standards of Conduct, or for any actions which the Coordinators deem incompatible with the interest, harmony, comfort and welfare of other participants.

Student’s Printed Name:	<input checked="" type="checkbox"/> Student’s Signature:	Date Signed:
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Parental/Legal Guardian Release

I give permission for my child to be a part of the Delta Sigma Theta Sorority Inc., Quaker City Alumnae Chapter’s Dr. Jeanne L. Noble Delta GEMS Institute. I agree by signing this form that my child will comply with the established Dr. Jeanne L. Noble Delta GEMS Institute rules and instructions for student behavior. I also agree that Quaker City Alumnae Chapter has the right to enforce appropriate Standards of Conduct and that, at any time during our programming, Quaker City Alumnae Chapter has the right to terminate my child’s participation for failure to abide by the Standards of Conduct, or for any actions which the Coordinators deem incompatible with the interest, harmony, comfort and welfare of other participants.

I hereby release Delta Sigma Theta Sorority, Inc., Quaker City Alumnae Chapter, and its agents or assigns from any and all liability relating to any physical injury which may occur as a result of my child’s direct or indirect participation in activities conducted under the supervision and directions of Delta Sigma Theta Sorority, Incorporated and Quaker City Alumnae Chapter.

In the event reasonable attempts to reach me are unsuccessful, I hereby give my consent for medical or dental treatment deemed necessary to be administered to my child. I agree to release Delta Sigma Theta Sorority, Incorporated and Quaker City Alumnae Chapter from any and all liability associated with the care and treatment of my child.

I understand all the rules and regulations of the program, and agree to abide by them. I promise to be an active participant/supporter of my child in this enrichment program.

Parent/Guardian Printed Name:	<input checked="" type="checkbox"/> Parent/Guardian Signature:	Date Signed:
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Photo/Video Release Form

In consideration of my participation and my child’s participation in The Dr. Jeanne L. Noble Delta GEMS Institute program, I hereby grant Quaker City Alumnae Chapter (“QCA”), the absolute and irrevocable right and permission with respect to the photographs and videos taken of my child or taken of me, in which we may be included with others:

- a) To copyright the same in the name of QCA or any other name that it may select;
- b) To use, re-use, publish and re-publish the same in whole or in part, separately or in conjunction with other photographs/videos, in any medium now or hereafter known, and for any purpose whatsoever, including but not limited to, illustration, promotion, advertising and trade, without inspection or notification and;
- c) To use our names in connection therewith if it so decides.

I hereby release, discharge and agree to hold harmless QCA and those acting with its authority and permission, from all and any claims and demands ensuing from or in connection with the use of the photographs/videos, including without limitation any claims for libel and invasion of privacy.

This authorization and release shall inure to the benefit of the legal representatives, licensees and assigns of QCA as well as the person(s) for whom it took the photographs/videos.

Parent/Guardian Printed Name:	<input checked="" type="checkbox"/> Parent/Guardian Signature:	Date Signed:
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