

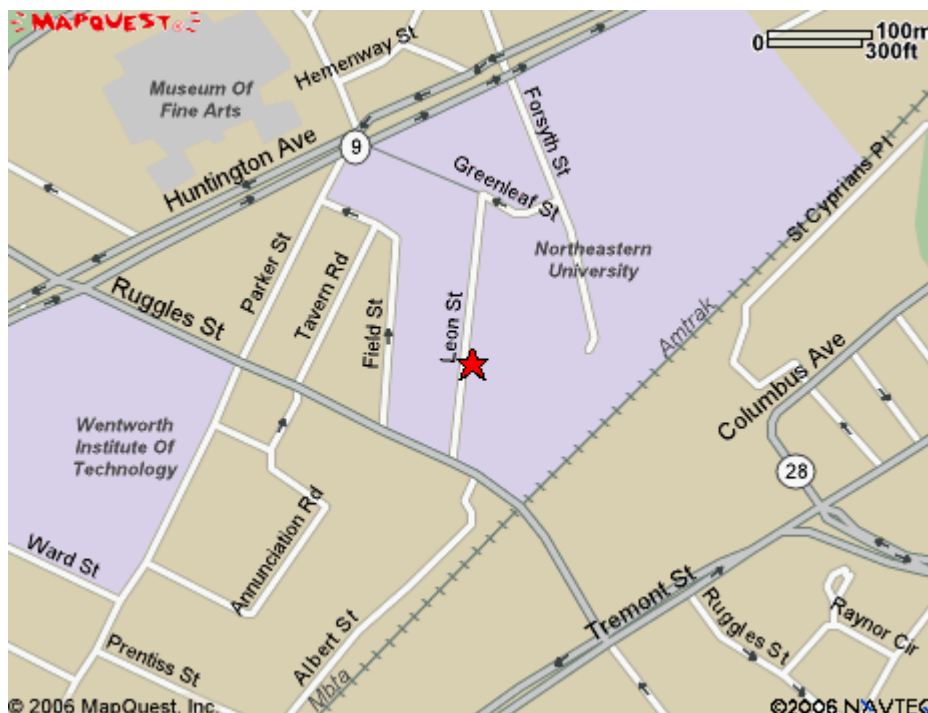
CONCERNED BLACK MEN OF MASSACHUSETTS, INC. (CBMM) Paul Robeson Institute for Positive Self-Development (PRI)

Greetings PRI Families old and new:

It's that time of year so let's get ready to kick-off another fun, exciting and purposeful **PRI** season for our young men. The **Paul Robeson Institute for Positive Self-Development (PRI)** will start its **2011-2012 Program Calendar Session** on **Saturday, October 1st**, at **8:30 a.m.**, at the **John D. O'Bryant African-American Institute**.

Our Address:

**John D. O'Bryant African-American Institute
Northeastern University, 40 Leon Street
Boston, MA 02115**



Registration and Orientation will take place at 40 Leon Street, Saturday, October 1st, at 8:30 a.m. For a more detailed map, see the **Northeastern University Campus Map**:

<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>

Directions to: John D. O'Bryant African-American Institute

Public Transportation

Orange Line riders go to the Ruggles Street station. Use exit door marked Northeastern. Walk across the lawn directly behind Ruggles Station. You will see Ryder Hall on your left and Shillman Hall on your right. Leon St. will be directly in front of you. Look for the sign, which says **John D. O'Bryant African-American Institute** diagonally to your right.

Green Line riders take the "E" or "Arborway" trolley to the Northeastern University stop. Cross to the south side of Huntington Avenue (the same side as the YMCA), walk down Forsyth St. Take your first right onto Leon St. and Look for the sign which says **John D. O'Bryant African-American Institute**.

By Car

Free parking is available in the Northeastern University Columbus Avenue Parking Lot. Parking is available for a fee (\$6.00) at the **Renaissance Park Garage, 835 Columbus Avenue**, located on the corner of Columbus Avenue and Melnea Cass Boulevard. Allow yourself about 10 minutes to walk from the Renaissance Park Garage or the Columbus Ave. Parking Lot to the John D. O'Bryant African-American Institute. **Please be aware, the Northeastern University Police will ticket and tow your vehicle if you park on Leon St.**

Your PRI Registration packet consist of the following:

1. **Directions to 40 Leon St., John D. O'Bryant African-American Institute (pg. 1-2)**
2. **CBMM Fact Sheet (pg. 3)**
3. **PRI General Student Rules Sheet (pg. 4)**
4. **PRI 2011-2012 Admission Application Form (pg. 5)**
5. **PRI Photo & Multimedia Release Form (pg. 6)**
6. **PRI 2011-2012 Medical Form (pg. 7-8)**
7. **PRI 2011-2012 Parent Volunteer Service Form (pg. 9)**
8. **Pre-Orientation and Registration Check List (pg. 10)**

Please submit a copy of your child's most recent report card with his application on October 1, 2011. This piece of information is vital in assisting CBMM mentors to identify areas of concern as we plot our path to best address the needs of our young men.

Please visit our website for information about PRI/CBMM: <http://www.cbmm.net/Pri.html>

We look forward to seeing you on the October 1, 2011.

Sincerely,

Concerned Black Men of Massachusetts, Inc.

TO ALL PRI PARENTS:

- **All participants, including returning families, must complete ALL registration forms for each child.**
- **Stay up to date:** Should your PRI Parent contact information change during the 2011-2012 PRI calendar year, please email Marie-Andree J. Huff mandreeproductions@yahoo.com with your updated information. ~Thank you

CONCERNED BLACK MEN OF MASSACHUSETTS, INC.(CBMM)

FACT SHEET

Concerned Black Men of Massachusetts, Inc. (CBMM) believes young people are capable of making positive choices when provided with viable, constructive alternatives. CBMM helps at-risk inner-city black male youth recognize those alternatives to drugs, gangs and violence, thereby making positive contributions to our society.

Mission Statement

“To Improve the Quality of Life in the Black Community by Reaffirming the Viability of the Black Male.”

History

In April 1989, a group of 9 black men from different backgrounds and professional disciplines met to discuss quality of life issues for African Americans. From this evolved the Concerned Black Men of Massachusetts (CBMM), with the mission to work with the community to improve the quality of life for African Americans by reaffirming the role of black men. A non-profit organization incorporated June 21, 1989.

Current Location of Paul Robeson Institute

John D. O’Bryant African American Institute
Northeastern University, 40 Leon Street,
Boston, MA 02115

Membership

Open to all men 18 years or older, candidates must be sponsored by a member in good standing or the membership committee.

Paul Robeson Institute for Positive Self-Development (PRI)

Paul Robeson Academy: Ages 7-13, 3rd through 6th grade, Saturday program working with over 120 boys focusing on academics, recreation and personal development.

Boys to Men Program: Ages 13-14, 7th through 8th grade, 35 students enrolled. An extension program for graduates of Paul Robeson Academy designed to build on the foundations established in PRI, focused on physical fitness and basic academic skills.

D-Two Program: Ages 14-18, grades 9th through 12th. A program designed to promote responsibility in our youth via mentoring the young men enrolled in the Paul Robeson Academy. Students are also prepared to move on to some form of higher education.

Speaker Bureau

CBMM members serve as public speakers at events sponsored by business and civic organizations.

Unity Breakfast

Annual fund-raiser to acknowledge the contributions of individuals and organizations committed to improving the lives of our inner city youths.

Dear PRI Parent,

Please review the following rules. We ask that you make certain your child has also read them. ~Thank you

General Rules for the Paul Robeson Institute for Positive Self-Development:

1. All students in the Paul Robeson Institute for Positive Self-Development must sign-in before Harambee in the morning and sign-out before leaving to go home. This will help us keep track of who is here, how many days you participated, and account for where you were on Saturday.
2. All Paul Robeson Institute for Positive Self-Development students must wear their “red PRI T-shirt” given to him at “Rites of Passage Ceremony” in June of 2011. If another T-shirt is worn, it must display a positive message.
3. All Paul Robeson Institute for Positive Self-Development Brothers must ask permission from a CBMM Brother to go to the bathroom or to leave the classroom.
4. All Paul Robeson Institute for Positive Self-Development Brothers must greet each other as they arrive. You must look your brother in the eyes and say, "Good Morning."
5. All Paul Robeson Institute for Positive Self-Development Brothers must help in setting up and taking down furniture, equipment, room clean up and any other projects when instructed by a CBMM Brother.
6. The vending machines or soda machines are not to be used at any time on Saturday. If you are hungry or thirsty ask one of the older brothers for food or drink. We will have nutritious food for you.
7. All eating will be done during the times we have scheduled. All eating shall be restricted to the Cabral Center and nowhere else in the Institute unless instructed by a CBMM Brother.
8. No profanity, bad language, at any time.
9. All Paul Robeson Institute for Positive Self-Development. Little brothers must tell their parents or guardians what they did during their Saturday sessions.
10. No hats, do-rags, toys, candy, chewing gum, money, video games or electronic devices are allowed at any time. No wearing off pants hanging off your butt.
11. Disruptive behavior will not be tolerated. You must be respectful at all time.

Remember your word is your bond. A man is measured by his actions.

CONCERNED BLACK MEN OF MASSACHUSETTS, INC.
Paul Robeson Institute for Positive Self-Development

APPLICATION FOR ADMISSION 2011 – 2012 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY



IMPORTANT: PLEASE ATTACH A COPY OF THIS APPLICANT'S MOST RECENT SCHOOL REPORT CARD

STUDENT'S NAME: _____ AGE: _____ D.O.B: _____

NEW STUDENT: Yes No If you answered "No", indicate the number of years at PRI _____

SCHOOL: _____ GRADE: _____

PARENT/GUARDIAN'S NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: () _____ CELL: () _____ WORK: () _____

E-MAIL ADDRESS: _____

Are you aware of the important work performed by our PRI PARENT'S GROUP? Yes No

Why do you want your son to be enrolled at the Paul Robeson Institute for Positive Self-Development?

CONTACT INFORMATION IN CASE OF EMERGENCY

NAME: _____ (Telephone) _____

ADDRESS: _____

RELATIONSHIP: _____

MEDICAL INFORMATION

INSURANCE NAME: _____

DOCTOR'S NAME: _____

PHYSICAL AND/OR NUTRITIONAL LIMITATIONS OR CONSIDERATIONS (including allergies) _____

Under the professional direction of the Paul Robeson Institute (PRI), I give my permission for my son/ward, _____, to participate in all scheduled supervised activities (including field trips) of the PRI as indicated in the 2011-2012 PRI calendar year, (which is subject to change due to available resources) with the understanding that he can and will participate. I also give permission to my son's/ward's teacher and principal to collaborate on my behalf with the PRI liaison in order to ensure my son's positive growth and development in this program.

Signature of Parent/Guardian _____ Date _____

CONCERNED BLACK MEN OF MASSACHUSETTS, INC. (CBMM) Paul Robeson Institute for Positive Self-Development (PRI)

PHOTO AND MULTIMEDIA RELEASE FORM

I hereby authorize CBMM and those acting on its behalf to:

- I. Record my image, likeness, and/or voice on a photographic, video, audio, digital, electronic, or any other medium;
- II. Use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that the CBMM may deem appropriate, including promotional or advertising efforts with not compensation to me; and
- III. Use my name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and those they shall remain the property of the CBMM. I release the CBMM and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Child's name (print): _____

Child's name (sign): _____

Parent/Guardian (print): _____

Parent/Guardian (sign): _____

Address: _____

Telephone number(s): _____

E-mail address: _____

Date: _____

CONCERNED BLACK MEN OF MASSACHUSETTS, INC. (CBMM)
Paul Robeson Institute for Positive Self-Development (PRI)

MEDICAL APPLICATION FOR ADMISSION 2011 – 2012 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

STUDENT'S NAME: _____ AGE: _____ D.O.B: _____

Health Insurance Provider: _____ Policy #: _____

Physician Name: _____ Phone: () _____

Does your child have allergies? Yes _____ No _____

If yes, please explain:

Does your child wear glasses or contact lens? Yes _____ No _____

Please indicate if student experiences or has experienced any of the following. Please attach an additional sheet if more space is needed for details.

PROBLEM	<i>Yes</i>	<i>No</i>	<i>Not Known</i>	<i>Details</i> (i.e. how often, usual treatment, warning signs)
Headaches				
Convulsions/Seizures				
Fainting Spells				
Vision Problems				
Hearing Problems				
Breathing Problems				
Heart Problems				
Blood Clotting				
Stomach/Bowel				
Skin Problems				
Frequent Infections				
Diabetes				
Other:				

 SIGNATURE OF PARENT/GUARDIAN

 DATE

Will your child be taking non-prescription medicines during the program? Yes__ No__

Medicine Name: _____ For: _____

Doctor's Approval is needed for over-the-counter drugs (aspirin, cold capsules, etc.):

Physician's Signature: _____
Initial if signed by Nurse or Physician's Assistant

Will your child be taking prescription drugs during the program? Yes__ No__

Medicine Name: _____ For: _____

All medications must be in the original container; the pharmacy label must be attached and clearly legible for prescription drugs.

Emergency Medical Treatment Release

Although every effort is made to provide a safe environment, I recognize that there is always a risk of accident. I, _____, as parent or legal guardian, authorize Concerned Black Men of Massachusetts/Paul Robeson Institute to obtain any necessary emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to pay all reasonable costs for such medical care, attention and treatment, and hereby release, discharge, indemnify and agree to hold harmless Concerned Black Men of Massachusetts/Paul Robeson Institute, Northeastern University, its trustees, employees, agents and representatives in the exercise of such authority.

SIGNATURE OF PARENT/GUARDIAN

DATE

CONCERNED BLACK MEN OF MASSACHUSETTS, INC. (CBMM)

Paul Robeson Institute for Positive Self-Development (PRI)

APPLICATION FOR PRI PARENT VOLUNTEER SERVICE: 2011 – 2012 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

NAME: _____

PERMANENT ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME TELEPHONE: (____) _____ CELL: (____) _____ WORK: (____) _____
Leave blank if you do not wish to be contacted at work

What time of day may a PRI representative contact you at the phone number(s) you provided _____

E-MAIL ADDRESS: _____

The **CBMM** is fully aware that without the invaluable participation and assistance from our **PRI Parents Group**, the work we do together during the school year would be made more difficult. As a result, we encourage you to be an active participant in your child's experience here at the **PRI**. Without your support, the numerous tasks performed by members of our **PRI Parents Group** "*falls on the shoulders of a select few*". Please take a look at the list below. It reflects the numerous tasks that members of our **PRI Parents Group** perform. Please check those boxes for which you are interested in performing volunteer service. **Please know that our expectation IS NOT for you to volunteer for every task you have checked off.** Instead, we are attempting to gain some understanding as to the pool of talent within our PRI parent body. You can rest assured that your decision to not volunteer will in no way impact the quality of service we deliver to your child.

- | | |
|---|---|
| <input type="checkbox"/> I can assist in the food shopping which needs to be done for breakfast | <input type="checkbox"/> I can take digital photos and movies of some PRI sessions |
| <input type="checkbox"/> I can assist in the food shopping which needs to be done for lunch | <input type="checkbox"/> I can help organize donations for SPECIAL PROJECTS |
| <input type="checkbox"/> I can assist between 12:30pm and 1:30pm with Kitchen Clean-up | <input type="checkbox"/> In November, I can assist in the prep. for Kwanzaa Celebration |
| <input type="checkbox"/> In June, I can assist in the food prep. for the "Rites of Passage" Celebration | <input type="checkbox"/> In December, I can assist in the prep. for MLK, Jr Celebration |
| <input type="checkbox"/> I can assist in maintaining a database for the PRI sessions | <input type="checkbox"/> I would like to write articles for publication in the PRI Newsletter |
| <input type="checkbox"/> I can assist in creating and organizing a "Telephone Tree" | <input type="checkbox"/> I would like to assist in some capacity on the PRI Newsletter |
| <input type="checkbox"/> I can make copies of materials to be circulated | <input type="checkbox"/> I would like to do the layout for the PRI Newsletter |
| <input type="checkbox"/> I can assist in preparing the Cabral Center for hosting events | <input type="checkbox"/> I would like to be on the PRI committee which is responsible for "PRI Raffles" |
| <input type="checkbox"/> I can sell tickets to the CBMM Annual Unity Breakfast held in April | <input type="checkbox"/> I would like to assist on the Fundraising Committee |
| <input type="checkbox"/> I would like to contribute to the success of PRI by: _____ | |

CONCERNED BLACK MEN OF MASSACHUSETTS, INC. (CBMM) Paul Robeson Institute for Positive Self-Development (PRI)

Pre-Orientation and Registration PRI Parent Check List

Please download and print your child's registration forms at: <http://www.cbmm.net/Pri.html>

TO ALL PRI PARENTS:

- **All participants, including returning families, must complete ALL registration forms for each child.**
 - Please submit a copy of your child's most recent report card with his application on October 1, 2011. This piece of information is vital in assisting CBMM mentors to identify areas of concern as we plot our path to best address the needs of our young men.
 - **Stay up to date:** Should your PRI Parent contact information change during the 2011-2012 PRI calendar year, please email Marie-Andree J. Huff mandreeproductions@yahoo.com with your updated information. ~Thank you
1. Plan to arrive at 40 Leon St at 8:30am on Oct. 1, 2011.
See the Northeastern University Campus Map:
<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>
 2. Have you read the PRI General Rules? YES ___ NO ___
 3. Have your son wear his "RED PRI T-shirt". YES ___ NO ___
 4. Have you made certain that your child has read the PRI General Rules?
YES ___ NO ___
 5. Optional: If possible, have you attached on photo of your child to his application?
YES ___ NO ___
 6. Have you attached a copy of your child's most recent report card to his application? YES ___ NO ___
 7. A copy of the 2011-2012 PRI Saturday Program Schedule will be given to you at Orientation.
 8. Have you completed the following:
 - PRI 2011-2012 Admission Application Form. YES ___ NO ___
 - PRI Photo & Multimedia Release Form. YES ___ NO ___
 - PRI 2011-2012 Medical Form. YES ___ NO ___
 - PRI 2011-2012 Parent Volunteer Service Form. YES ___ NO ___

Thank you for your cooperation!