

The background of the entire page is filled with various sizes of orange gears, some overlapping and some partially cut off by the edges. The gears are drawn with a simple, hand-drawn style, featuring a central hole and several teeth around the perimeter.

Skills for Life

The logo for The Bridge Youth Center features a stylized bridge arch above the text. The arch is composed of a semi-circle with three vertical lines extending from the center to the base, creating a truss-like structure.

THE BRIDGE
youth center

Skills for Life

THE BRIDGE YOUTH CENTER MISSION

To provide a place where all students are safe, loved, and valued, surrounded by caring community members who introduce them to Christ's love in all that they do.

THE PURPOSE OF SKILLS FOR LIFE

Skills for Life is a program that offers high school students a direct connection to local employers that introduce them to a wide variety of skills, jobs, and career opportunities.

WHAT HAPPENS HERE

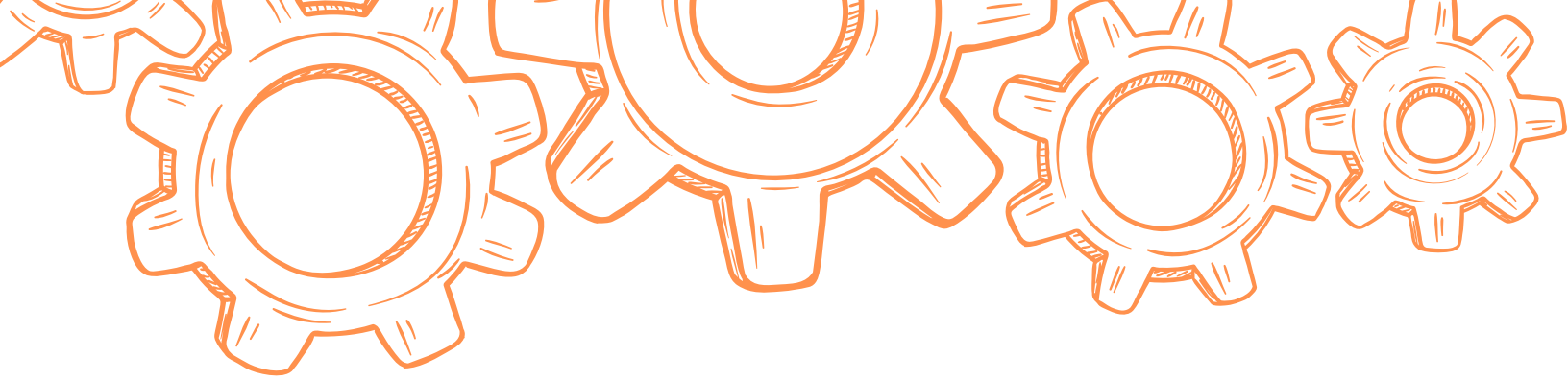
The Bridge Youth Center partners with teachers from Zeeland East and Zeeland West to take part in visits to local businesses that share a common theme. Students will receive a tour and be introduced to the types of immediate jobs, as well as careers available through our local businesses. There is no cost to participate.

SCHEDULE

9:00am- 3:00pm on Thursdays
June 13, June 28, July 11, July 25

CONTACT US

-616-772-3843
-210 E. Main Ave Zeeland, MI 49464
-info@bymczeeland.org



Skills for Life

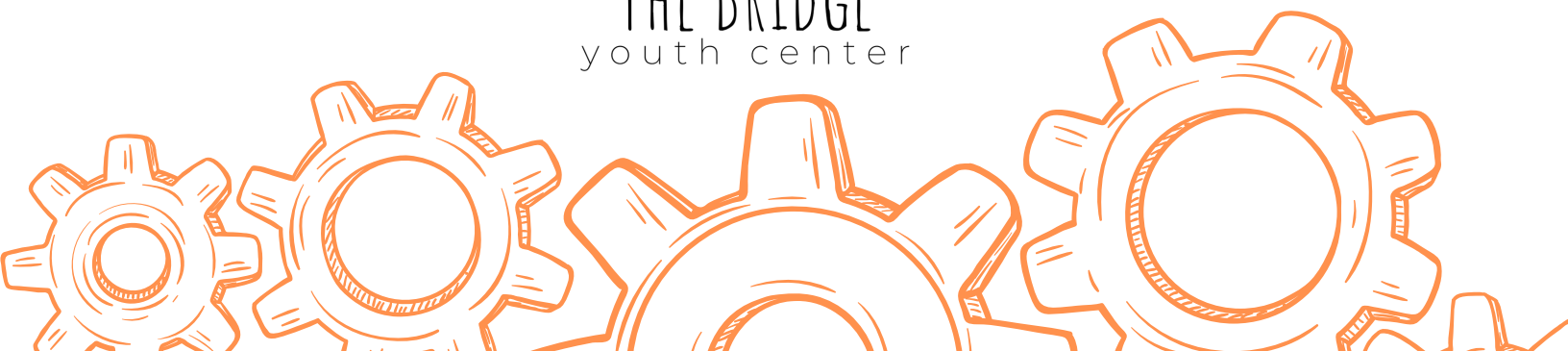
Thursdays 9 AM - 3 PM

June 13 - Western Aviation School

June 28 - Request Foods & Tennant Company

July 11 - Gentex & Zeeland Farm Services

July 25 - Walters Gardens & Zeeland BPW



PARENTAL WAIVER

By signing this agreement, you agree to the permissions listed below.

I _____, consent to:

1. Provide permission to communicate with staff regarding program purposes, fill out surveys, and allow survey information to go into our database.

Parent signature: _____ Date: _____

STUDENT WAIVER

By signing this agreement, you agree to the permissions listed below.

I _____, consent to:

1. Come to The Bridge on the days Skills for Life is scheduled, unless excused by a parent or guardian. The Bridge Staff will be notified ideally 1 week prior to the program.
2. Respectfully engage with community members in activities.
3. Provide permission to communicate with staff regarding program purposes, fill out surveys, and allow survey information to go into our database.

Student signature: _____ Date: _____

CONTACT SHEET



* Only fill out if you have not signed up for Summer '24/School Year '24/'25

STUDENT

Student Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Student Email: _____

Student Phone: _____ Birthdate: _____

School: _____ 2024/2025 Grade: _____

Allergies or Medical Concerns: _____

Do You Attend a Church: Y or N (Circle)

If Yes, Which Church? _____

GUARDIANS

Parent/Guardian 1 Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Email: _____

Address: (if different than student) _____

Parent/Guardian 2 Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Email: _____

Address: (if different than student) _____

EMERGENCY

Emergency Contact Name: _____

Relationship to Child: _____

Phone: _____ Home/Cell/Work (Circle)

Please sign waiver on reverse side

WAIVERS & POLICIES



EMERGENCY POLICIES

Severe Weather: If a severe weather watch or warning is issued 1 hour prior to a scheduled event, that event will be cancelled. If issued during programming, the event will continue as scheduled, though parents may pick their children up. In the event of a tornado warning, anyone in the building will take shelter in an interior room and may not leave until the warning has expired.

Closings: If school or after-school events are cancelled, The Bridge will also be closed.

Fire: In the event of a fire, all program participants will be escorted to the lawn on the northwest corner of the building.

CPR/First Aid: There are certified CPR and First Aid staff members and an AED in the building in case of a medical emergency.

Violent Intruders: In the event of an intruder intending harm, staff will alert all program participants to flee the building out the nearest & safest exit.

WAIVERS & AGREEMENTS

Health/Wellness: To the best of my ability I will follow all health & wellness orders and guidelines laid out by local, state, and federal authorities. I will monitor the health of my child regularly and communicate with The Bridge about any symptoms as soon as possible to ensure my child is staying healthy enough to participate in programs.

Medical Treatment: In case of an emergency, I provide permission for The Bridge to have my child treated by a physician and/or hospital. Opt Out

Media: I grant my permission for the rights to use and record my child's image and/or voice on film, photograph, print, and other media to be used on social media, website, and any other form of print. Opt Out

Communications: I provide permission for my child to receive texts from The Bridge. Opt Out

Transportation: I provide permission for a representative of The Bridge to transport my child for program and/or emergency purposes. Opt Out

SIGNATURE

By signing below, I agree to the above policies and permissions.

Guardian Signature _____

Date _____