

DROP IN



Program Year: 2024-2025



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 DROP-IN MISSION

To provide a safe, fun environment & commitment free opportunity for students to build positive relationships with one another and caring adults by taking part in a variety of supervised social and recreational activities.

WHAT HAPPENS HERE

Kids have the opportunity to eat food throughout the program time; they can play board games, do homework, play the Switch, pool, or ping pong. Drop-In is a special program because kids have the freedom to do what they wish. For the last 20-30 minutes of the program students can choose to stay and take part in a short devotional time. Twice a year, we incorporate our Bridging Out program to provide students an opportunity to serve the community, which may include being transported by staff to a specified location.

SCHEDULE

Summer – 12:00pm To 3:00pm

After School – 5:00pm

Tuesday & Thursday

PERKS OF DROP-IN

- Freedom to come and go on any program day with no commitment
- A safe, unstructured space to take part in many different games or activities
- Become familiar with what we have to offer & learn of other ways to become a valuable part of our community

CONTACT US

- 616-772-3843
- 210 E. Main Ave Zeeland, Michigan 49464
- bridge2excellence@bymczeeland.org



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 _____