



May 2019.

Dear Parent/Guardian:

St. Ann Center for Intergenerational Care is offering a service-learning, educational and mentoring project called "The Buddy Program". The focus of this program is to strengthen intergenerational relationships and increase respect for diversity within the community.

Youths participating in the program will be required to work three hours, two times per week from 9:00 a.m to Noon, Monday –Thursday, The Program does not operate on Friday's. Please choose your 2 Days on the Application Form and which Campus you prefer to Serve at, Bucyrus Campus, 2450 W. North Ave, Milwaukee, 53205 or Stein Campus, 2801 E. Morgan Ave, Milwaukee 53207. This year's summer program runs from **July 8<sup>th</sup> – August 15<sup>th</sup>, 2019. All Buddies must be between the ages of 11-13 Years old and in Grades 6 - 8. I am in need of Parent Supervision and help at the Bucyrus Campus. If you can help, please let me know.**

Through the Buddy Program, your child has the opportunity to learn valuable job skills, how to budget money, and will have the opportunity to work on social skills. The program seeks to build each participant's self-reliance and self-esteem through these activities, and prepare her/him for a responsible and bright future.

At the conclusion of the Summer Program, children who have successfully completed the program will receive stipends as tokens of our appreciation for their service (stipends *are not paychecks* and amounts vary based on grants received to fund the program).

**Both you and your child should complete all Paperwork, 1: Student Application, 2: Parental Permission Form, 3: A Wisconsin Tuberculosis assessment questionnaire screen and 4: Please submit a copy of up to date Immunization records. All Paperwork should be sent to me by June 14<sup>th</sup>, 2019.**

I can be reached at [dkenny@stanncenter.org](mailto:dkenny@stanncenter.org) or Phone 414-977-5075. Fax Number is 414-977-5086.

Thank you, in advance, for entrusting your child(ren) to our program.

Sincerely,

**David Kenny,**

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**2801 E. Morgan Ave.  
Milwaukee, WI 53207  
(414) 977-5000**

Director, Buddy Program

**St Ann**  
C E N T E R  
*for Intergenerational Care*  
2801 E. Morgan Ave.  
Milwaukee, WI 53207



## Buddy Program Student Application

Personal Information			
Name:			
Address:			
City:	State:	Zip:	
Phone:	School:		
Gender:	Grade Level:	Age:	

Please place a check-mark in the box(es) below to indicate what 2 day(s) you are available to participate in the program and choose your Campus. Bucyrus Campus ----- or Stein Campus -----.

**Scheduled week will not include Fridays**

Monday:	Tuesday:	Wednesday:	Thursday
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Why should St. Ann's select you to participate in the Buddy Program?

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Please list any experience you have had with physically or cognitively disabled people.

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The information provided above is truthful and accurate to the best of my knowledge.

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date:

# Buddy Program

## Parental Permission Form



CHILD INFORMATION			
Name:	Male or Female:	Date of Birth:	Age:
Address:	City, State, Zip	Telephone:	Race/Ethnicity:

Parent/Guardian		Parent/Guardian	
Name:		Name:	
Home Address:		Home Address:	
Home Phone:	Cell Phone:	Home Phone:	Cell Phone:
Email:		Email:	
Occupation:	Who has legal custody?	Occupation:	

**PHOTOGRAPHY/FILMING CONSENT**

I give permission for my child to be photographed or videotaped while participating in the program, during program functions and on field trips. I understand that school staff, professional photographers, news media or other parents may take the photographs. I understand that photos may be displayed or published by the news media or at St. Ann Center. The videotaped material may be used for research, learning, or promotional purposes. This consent shall expressly release St. Ann Center and its personnel from liability for any of the actions authorized herein.

**EMERGENCY CONTACT INFORMATION** - List persons authorized to pick up your child should your child experience an emergency.

Name:		Name:	
Relation:		Relation:	
Home Phone:	Work Phone:	Home Phone:	Work Phone:

List any serious illnesses the child has had within the last six months:

Does your child have any allergies such as to bee stings, food or medications?      Yes    No  
 (If yes, Please describe them and indicate special precautions or car needed).

Child's Doctor:	Phone:	Address:
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**I have read the above information and I give permission for my child to participate in the Buddy Program sponsored by St. Ann Center for Intergenerational Care.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_