



Dear Parent/Guardian,

This letter invites you to participate in the Self-Awareness Self-Esteem (SASE) Program. We have planned an exciting year for you. The SASE Program is designed for Washington DC boys and girls between the ages of 14-18. The program includes an academic yearlong series of programs to enhance the self-awareness and self-esteem of teenagers. This exciting program will allow participants to engage in discussions and activities related to cultural heritage, mental and physical well-being, and self-motivation.

The program sessions will take place the following Saturdays from 9am to 2 pm:

- October 25, 2008-Mental and Physical Self
- March 28, 2009-My Cultural Self
- May 30, 2009-My Emotional Self

The program location:

CAPCS -Dr. Dorothy I. Height Community Academy Public Charter School
1300 Allison Street N.W.
Washington, DC 20011

Participation requires completion of the enclosed application. Applications must be received no later than **Friday, March 27, 2009**. Applications received after this date will be placed on a waiting list. Please be sure to complete all of the forms enclosed in this packet.

Please return all applications to:

**Washington DC Alumnae Chapter
Delta Sigma Theta Sorority, Inc.
Attention: SASE Committee
P.O. Box 90202 Washington, DC 20090
or
by Fax: 877-295-8113**

Thank you in advance for your cooperation and assistance. We look forward to your participation in the program. For additional information visit our website at www.wdcac.org.

Sincerely,
SASE Program

Sponsored by: The Washington, D.C. Alumnae Chapter Delta Sigma Theta Sorority, Inc. & The Alpha Omega Chapter Omega Psi Phi Fraternity, Inc.

P. O. Box 90202, Washington, D.C. 20090-0202

Please type or print legibly

Participant Information:

Name: _____
Last First Middle

Grade: _____ Date of Birth: _____ Age: _____
Month Day Year

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ Zip Code: _____

Email Address: _____ School: _____

List the extra-curricular school activities in which you participated during the 2007-2008 school year:

Parent/Guardian Information:

Parent/Guardian Name (s): _____

Work Phone: _____ Cell Phone: _____

Email Address: _____

Emergency Contact: _____
Name Relationship Contact Phone

Please list any illnesses, allergies (including penicillin) or current medication that your son/daughter is currently taking: _____

In the event of an emergency an attempt is made to contact me or the person named above. I hereby consent to Delta Sigma Theta Sorority, Inc., Washington DC Alumnae Chapter and Omega Psi Phi Fraternity, Inc. Alpha Omega Chapter to seek any and all medical treatment, including transporting my son/daughter to the nearest emergency facility.

Parent/Guardian Signature: _____ Date: _____

PARENTAL/GUARDIAN CONSENT AGREEMENT FORMS

_____,
Students Name has my permission to participate in all programs and activities related to the SASE Program. I will facilitate and support my child's timely attendance and participation. I grant permission to use photographic records (website, newsletter flyers) for promotional purposes without recourse or compensation.

I hereby release the Washington DC Alumnae Chapter of Delta Sigma Theta Sorority, Inc, the Alpha Omega Chapter of Omega Psi Phi Fraternity, Inc and all adult leaders of the SASE Program from any liability and from any and all claims against them, individually or collectively, for any injuries which might be received during this activity, or in traveling to and from such field trip destinations. I also agree not to hold the above named organizations or its member or appointees individually, liable for the loss of destruction of personal property.

Parent/Guardian Signature: _____ Date: _____