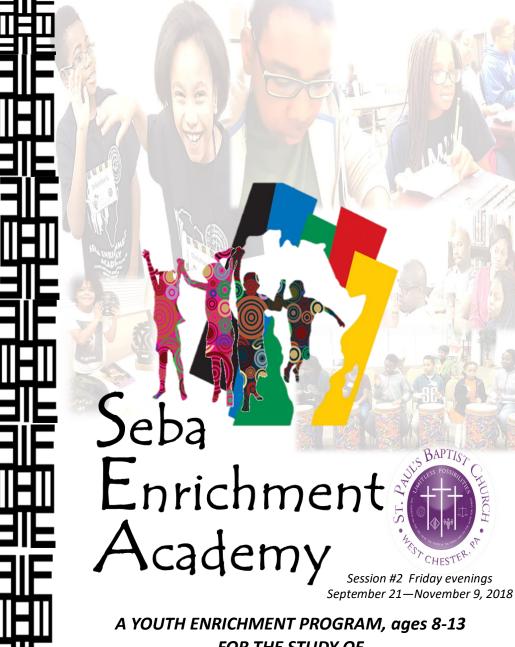
Registration Paragraph

Students are *encouraged* to complete the writing prompt below and submit with your registration form and fee

Who is your "role model" and why?

*feel free to submit list via email to sebaenrichmentacademy@gmail.com



FOR THE STUDY OF

AFRICAN & AFRICAN AMERICAN HISTORY & CULTURE

Dr. Elaine Denise Ray & Mrs. Carol Weaver

Founders and Directors

sebaenrichmentacademy@gmail.com

SPONSORED BY ST. PAUL'S BAPTIST CHURCH WEST CHESTER, PA 19380 PASTOR WAYNE E. CROFT SR. PASTOR

Mission Statement

The mission of Seba Enrichment Academy, pronounced "Say-ba", is to provide St. Paul's Baptist Church and local community youth a place to learn, experience and understand African & African American History & Culture.

Description of Seba Enrichment Academy

Seba Enrichment Academy will provide a creative and enriching curriculum to ensure that learning the facts about our African history and the contributions to American History by African Americans will facilitate respect, understanding, and the appreciation of our History and Culture. The curriculum will strive to empower & inspire African American Children to understand, embrace and celebrate our rich history, culture and contributions to America and the world.

Operational Times

Class Times - Friday evenings 6pm-8:30pm SPACE IS LIMITED!

- 6-6:30 dinner
- 6:30-7:15 1st period
- 7:20-8pm 2nd period
- 8-8:15 Closing exercises
- 8:15-8:30pm Dismissal and Pick-up
- Group Levels: 8-10 & 11-13

\$50.00 - per child *make checks payable to St. Paul's Baptist Cost: Church (memo S.E.A.)

The cost includes dinner & informative and relevant Adult Class Session Topics

*participate in lively discussions led by experienced master facilitators

Registration Deadline September 5, 2018 classes begin 9/21

*Please note that your child is not fully registered until the non-refundable registration fee of \$50.00 and form is completed and received. Make checks payable to St. Paul's Baptist Church -S.E.A in memo section

Or register online: https://sebaenrichmentacadem.wixsite.com/mysite/admissions

Child's Name	
T-Shirt size (adult sizes only) Sm	
[] Male [] Female DOB//	
School	
Teacher	Grade
Home Address:	J ebą
Home Number:	Envichment
Email:	LITTOTTI CIT
Parent/Guardian Name:	Academy
Cell #:	, ,,,,,,,,,
Parent/Guardian Name:	
Cell #:	
Person(s) To Whom Your Child May Be Released To:	
Name:	
Cell #:	
Special Disabilities:	
Allergies:	
Medical or dietary information necessary in an emergency situation:	
Medication, special conditions:	
Additional information or special needs of child:	