



CONCERNED BLACK MEN  
OF MASSACHUSETTS, INC.

Paul Robeson Institute  
for  
Positive Self-Development

**On Saturday, September 23, 2017 the Paul Robeson Institute for Positive Self-Development will host a parent and student orientation 9AM-12PM on the campus of Northeastern University at the John D. O'Bryant African American Institute, located at 40 Leon Street.**

We encourage all parents/guardians, potential students and volunteers to attend. **Registration begins at 8:30am.**

The Paul Robeson Institute for Positive Self-Development (PRI) 2017-2018 Program Session is scheduled to begin on **Saturday, September 30, 2017, a tentative calendar for the session year is on page 9.**

Please visit our website for an overview of PRI: <http://cbmm.net/programs/pri-program/>

**TO ALL PARENTS & GUARDIANS**  
**New and returning families must submit:**

1. Application for Admission: Fall 2017 – Spring 2018 Session
2. Medical Application for Admission: Fall 2017– Spring 2018 Session
3. Photo & Multimedia Release Form: Fall 2017 – Spring 2018 Session
4. Application for PRI Parent Volunteer Service: Fall 2017 – Spring 2018 Session
5. Pre-Orientation and Registration PRI Parent Check List
6. A copy of your child's last report card

**IN ADDITION, YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CHILD'S REPORT CARD FOR EVERY REPORTING PERIOD OF THE 2017-2018 SCHOOL YEAR**

**This PRI registration packet consists of the following:**

1. CBMM Fact Sheet
2. General Rules for the Paul Robeson Institute for Positive Self-Development
3. Application for Admission: Fall 2017 – Spring 2018 Session
4. Medical Application for Admission: Fall 2017 – Spring 2018 Session
5. Photo & Multimedia Release Form: Fall 2017– Spring 2018 Session
6. Application for PRI Parent Volunteer Service: Fall 2017 – Spring 2018 Session
7. Pre-Orientation and Registration PRI Parent Check List
8. 2017-2018 TENTATIVE Days of Operation Calendar
9. Northeastern University Directions & Parking

**Please submit your completed original application packet to Bros. Durrell or Luke**

**Stay up to date:** Should your Parent/Guardian contact information change during the 2017-2018 PRI calendar year, please keep CBMM updated on such changes. *~Thank you*

We look forward to an exciting and productive 2017-2018 PRI session.

Sincerely,

**The Concerned Black Men of Massachusetts, Inc.**



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## CBMM FACT SHEET

Concerned Black Men of Massachusetts, Inc. (CBMM) believes young people are capable of making positive choices when provided with viable, constructive alternatives. CBMM helps at-risk inner-city black male youth recognize those alternatives to drugs, gangs and violence, thereby making positive contributions to our society.

### **Mission Statement**

“To Improve the Quality of Life in the Black Community by Reaffirming the Viability of the Black Male.”

### **History**

In April 1989, a group of 9 black men from different backgrounds and professional disciplines met to discuss quality of life issues for African Americans. From this evolved the Concerned Black Men of Massachusetts (CBMM), with the mission to work with the community to improve the quality of life for African Americans by reaffirming the role of black men. A non-profit organization incorporated June 21, 1989.

### **Location for the Paul Robeson Institute for Positive Self-Development**

**(PRI)**

John D. O’Bryant African American Institute  
Northeastern University,  
40 Leon Street, Boston, MA 02115  
**(Some sessions @ UMASS Boston)**

### **Membership**

Open to all men 18 years or older, candidates must be sponsored by a member in good standing or the membership committee.

**Paul Robeson Academy:** Ages 7-13, 3rd through 6th grade. Saturday program focusing on presentation/oratory skills academics, recreation and personal development.

**Boys to Men Program:** Ages 13-14, 7th through 8th grade. An extension program for graduates of Paul Robeson Academy designed to build on the foundations established in PRI, focused on physical fitness and basic academic skills.

**D-Two Program:** Ages 14-18, grades 9th through 12th. A program designed to promote responsibility in our youth via mentoring the young men enrolled in the Paul Robeson Academy. Students are also prepared to move on to some form of higher education.



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*Dear PRI Parent/Guardian,*

*Please review the following rules. We ask that you make certain your student has also read them.*

*~Thank you*

**General Rules for the Paul Robeson Institute for Positive Self-Development:**

1. All students in the Paul Robeson Institute for Positive Self-Development must sign-in before Harambee in the morning and sign-out before leaving to go home. This will help us keep track of who is here, how many days you participated, and account for where you were on Saturday.
2. All Paul Robeson Institute for Positive Self-Development students must wear their “red PRI T-shirt” given to him at the annual “Rites of Passage Ceremony”. If another T-shirt is worn, it must display a positive message.
3. All Paul Robeson Institute for Positive Self-Development Brothers must ask permission from a CBMM Brother to go to the bathroom or to leave the classroom.
4. All Paul Robeson Institute for Positive Self-Development Brothers must greet each other as they arrive. You must look your brother in the eyes and say, "Good Morning."
5. All Paul Robeson Institute for Positive Self-Development Brothers must help in setting up and taking down furniture, equipment, room clean up and any other projects when instructed by a CBMM Brother.
6. The vending machines or soda machines are not to be used at any time on Saturday. If you are hungry or thirsty ask one of the older brothers for food or drink. We will have nutritious food for you.
7. All eating will be done during the times we have scheduled. All eating shall be restricted to the Cabral Center and nowhere else in the Institute unless instructed by a CBMM Brother.
8. No profanity, bad language, at any time.
9. All Paul Robeson Institute for Positive Self-Development. Little brothers must tell their parents or guardians what they did during their Saturday sessions.
10. No hats, do-rags, toys, candy, chewing gum, money, video games or electronic devices are allowed at any time. No wearing of pants hanging off your posterior.
11. Disruptive behavior will not be tolerated. You must be respectful at all time.

**Remember your word is your bond.  
A man is measured by his actions.**



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If possible, please  
staple a photo of  
your child in this  
space so as to assist  
his CBMM mentors  
in getting to know  
our PRI young man  
Thank you

**APPLICATION FOR ADMISSION: FALL 2017 – SPRING 2018 SESSION**  
**PRINT ALL INFORMATION CLEARLY**

**IMPORTANT: PLEASE ATTACH A COPY OF THIS APPLICANT’S LAST SCHOOL REPORT CARD**

STUDENT’S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
\_ NEW STUDENT (circle one): Yes No    **If you answered “No”, indicate the number of years at PRI \_\_\_\_\_**  
SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_  
PARENT/GUARDIAN’S NAME: \_\_\_\_\_  
PERMANENT ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
HOME PHONE: \_\_\_\_\_ CELL #: \_\_\_\_\_ WORK #: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_  
PHYSICAL LIMITATIONS OR CONSIDERATIONS: \_\_\_\_\_

*Why do you want your son to be enrolled at the Paul Robeson Institute for Positive Self-Development?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTACT INFORMATION IN CASE OF EMERGENCY**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

***KHAN ACADEMY REQUIREMENT***  
Your child is required to have a Khan Academy account

- If your child does not have a Khan Academy account:
1. Access Khan Academy on a home computer or at the library at <http://www.khanacademy.org/>
  2. Have your child create his personal Khan Academy account

My child has a Khan Academy account:            Yes    No

**Under the professional direction of the Paul Robeson Institute (PRI), I give my permission for my son/ward, \_\_\_\_\_, to participate in all scheduled supervised activities (including field trips) of the PRI as indicated in the 2017-2018 PRI calendar year, (which is subject to change due to available resources) with the understanding that he can and will participate. I also give permission to my son’s/ward’s teacher and principal to collaborate on my behalf with the PRI liaison in order to ensure my son’s positive growth and development in this program.**

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



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MEDICAL APPLICATION FOR ADMISSION: FALL 2017 – SPRING 2018 SESSION

PLEASE PRINT ALL INFORMATION CLEARLY

STUDENT'S NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ - \_\_\_\_\_

Does your child have allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

Does your child wear glasses or contact lens? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please indicate if student experiences or has experienced any of the following - Please attach an additional sheet if needed:

Table with 5 columns: Condition, Yes, No, Not Known, Details (i.e. how often, usual treatment, warning signs). Rows include Headaches, Convulsions/Seizures, Fainting Spells, Vision Problems, Hearing Problems, Breathing Problems, Heart Problems, Blood Clotting, Stomach/Bowel, Skin Problems, Frequent Infections, Diabetes, and Other (Please Explain).

Will your child be taking non-prescription medicines during the PRI program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Medication(s): \_\_\_\_\_ For: \_\_\_\_\_

Doctor's Approval is needed for over-the-counter drugs (aspirin, cold capsules, etc.)

Physician's Signature: \_\_\_\_\_ Initial if signed by Nurse or Physician's Assistant

Will your child be taking prescription drugs during the PRI program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Medication(s): \_\_\_\_\_ For: \_\_\_\_\_

EMERGENCY MEDICAL/DENTAL TREATMENT RELEASE

All medications must be in the original container & the pharmacy label must be attached and clearly legible for prescription drugs

Although every effort is made to provide a safe environment, I recognize that there is always a risk of accident. I, as parent or legal guardian, authorize CBMM/PRI to obtain any necessary emergency medical treatment for my child in the event that I or my designated representative cannot be reached. I agree to pay all reasonable costs for such medical care, attention and treatment, and hereby release, discharge, indemnify and agree to hold harmless Concerned Black Men of Massachusetts/Paul Robeson Institute, Northeastern University, The University of Massachusetts Boston, its trustees, employees, agents and representatives in the exercise of such authority.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN DATE



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**PHOTO AND MULTIMEDIA RELEASE FORM: FALL 2017 – SPRING 2018 SESSION**

I hereby authorize CBMM and those acting on its behalf to:

- I. Record my image, likeness, and/or voice on a photographic, video, audio, digital, electronic, or any other medium;
- II. Use, reproduce, modify, exhibit, and/or distribute any such recording in any medium for any purpose that the CBMM may deem appropriate, including promotional or advertising efforts with not compensation to me; and
- III. Use my name in connection with any such recordings or uses.

I understand that I shall have no right to inspect or approve any such recordings and uses and those they shall remain the property of the CBMM. I release the CBMM and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with all such recordings and uses. I have read and fully understand the terms of this release.

Child's name (print): \_\_\_\_\_

Child's name (sign): \_\_\_\_\_

Parent/Guardian (print): \_\_\_\_\_

Parent/Guardian (sign): \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number(s): \_\_\_\_\_

E-mail address: \_\_\_\_\_

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



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**APPLICATION FOR PRI PARENT VOLUNTEER SERVICE: FALL 2017 – SPRING 2018 SESSION**

*PLEASE PRINT ALL INFORMATION CLEARLY*

NAME: \_\_\_\_\_

PERMANENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_ WORK: (\_\_\_\_) \_\_\_\_\_

Leave blank if you do not wish to be contacted at work

What time of day may a PRI representative contact you at the phone number(s) you provided: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

The **Concerned Black Men of Massachusetts** seeks partnerships with the parents and guardians of our young men on their journey to becoming a proud back man. We encourage you to be an active participant in your child's experience here at the **Paul Robeson Institute for Positive Self-Development**.

Please take a look at the list of the volunteer opportunities below and **check off the items you are interested in**.

- I would like to participate in the PRI Parents Committee
- I would like to participate in the Fund Raising Committee
- I would like to participate in the Newsletter Committee
- I would like to write/contribute articles for the newsletter
- I would like to help with program day breakfast food preparation

- I would like to help with program day lunch preparation
- I would like to help with end of day kitchen close out

- I would like to assist with food shopping
- I would like to help organize donations for special events/projects

I would like to assist in creating and organizing a parent phone tree

I would like to assist with food prep. For the "Rites of Passage" Celebration

\_\_\_\_\_

I would like to support the program by \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

↑ Suggestions or specific activity in which you would like to play a leadership role:



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## Pre-Orientation and Registration PRI Parent Check List

TO ALL PRI  
PARENTS:

**All participants, including returning families, must complete ALL registration forms for each child.**

Please submit a copy of your child's most recent report card with his application. This piece of information is vital in assisting CBMM mentors to identify areas of concern as we plot our path to best address the needs of our young men.

**Stay up to date:** Should your PRI Parent contact information change during the 2017-2018 PRI calendar year, please provide CBMM with your updated information. ~*Thank you*

1. Plan to arrive at 40 Leon St. at 8:30am on Saturday, September 23, 2017

**See the Northeastern University Campus**

**Map-also on last page of application packet:**

<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>

2. Have you read the PRI General Rules? YES \_\_NO\_\_

3. Have your son wear his "RED PRI T-shirt". YES \_\_NO\_\_

4. Have you made certain that your child has read the PRI General Rules? YES \_\_NO\_\_

5. Optional: Have you attached on photo of your child to his application? YES \_\_NO\_\_

6. Have you attached a copy of your child's most recent report card to his application? YES \_\_NO\_\_

7. A copy of the tentative PRI Saturday Days of Operation is included in this application packet.

8. Please ensure that you have completed the following:

PRI Application for Admission – COMPLETED: YES \_\_NO\_\_

PRI Medical Application for Admission – COMPLETED: YES \_\_NO\_\_

PRI Photo & Multimedia Release Form – COMPLETED: YES \_\_NO\_\_

Application for PRI Parent Volunteer Service – COMPLETED:  
YES \_\_NO\_\_

**Thank you for your cooperation!**





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**2017-2018 TENTATIVE Days of Operation Calendar**

For each individual learning session, the entire PRI group will **begin** in the following fashion;

- Breakfast & sign-in
- Call-to-order and welcome from PRI Program Co-Directors and/or Program Coordinator
- Harambee: Nguzo Saba (Seven Principles) and “Proud Young Black Man” call and response
- Recap previous week and outline the day’s learning activities

Similarly, for each individual learning session, the entire PRI group will **end** in the following fashion;

- Call-to-order and recap of day from PRI Program Co-Directors
- Announcements (if any) and preview of next week’s learning session
- Harambee: Nguzo Saba (Seven Principles) and “Proud Young Black Man” call and response
- Prayer of Thanks, lunch & dismissal (sign-out)

Session	Date	
1	Sep 23	<b>Program Orientation</b>
2	Sep 30	<b>Who is Paul Robeson?</b>
-		<i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
3	Oct 14	
4	Oct 28	
-	Nov 11	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
5	Nov 18	
-		<b>No PRI – Thanksgiving weekend</b>
6	Dec 2	
	Dec 9	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
7	Dec 16	Kwanzaa Celebration
-		<b>No PRI – Christmas-Kwanzaa Break</b>
8	Jan 6	
	Jan 13	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
9	Jan 20	
10	Feb 3	
	Feb 10	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
-		
11	Feb 17	
12	Mar 3	
13	Mar 17	
14	Apr 7	
	Apr 14	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
15	Apr 21	
16	May 5	<b>Mother’s Day at PRI</b>
	May 12	• <i>8-12 Graders only LOT Program @ 287 Columbus Ave</i>
17	May 19	<b>CAREER DAY</b>
-		<b>No PRI – Memorial Day weekend</b>
18	Jun 2	<b>Rites of Passage Preparation</b>
19	Jun 9	<b>Rites of Passage Preparation</b>
20	Jun 16	<b>Rites of Passage (final session)</b>



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## NORTHEASTERN UNIVERSITY DIRECTIONS & PARKING

**JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE**  
**Northeastern University**  
**40 Leon Street**  
**Boston, MA 02115**

**MBTA Orange Line:** Go to the Ruggles Street station. Use the exit door marked **NORTHEASTERN**. Walk across the lawn directly behind Ruggles Station. You will see Ryder Hall on your left and Shillman Hall on your right. Leon St. will be directly in front of you. Look for the sign, which says **JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE** diagonally to your right.

**MBTA Green Line:** Take the "E" or "Arborway" trolley to the Northeastern University stop. Cross to the south side of Huntington Avenue (the same side as the YMCA), walk down Forsyth St. Take your first right onto Leon St. and Look for the sign which says **JOHN D. O'BRYANT AFRICAN-AMERICAN INSTITUTE**.

### **Parking when arriving by automobile:**

**Free parking is available in the Northeastern University Columbus Avenue Parking Lot.** Parking is available for a fee (\$6.00) at the **Renaissance Park Garage, 835 Columbus Avenue**, located on the corner of Columbus Avenue and Melnea Cass Boulevard. Allow yourself about 10 minutes to walk from the Renaissance Park Garage or the Columbus Ave. Parking Lot to the John D. O'Bryant African-American Institute. **Please be aware, the Northeastern University Police will ticket and tow your vehicle if you park on Leon St.**



For a more detailed Northeastern University campus map, please visit:  
<http://www.northeastern.edu/campusmap/printable/campusmap.pdf>