



CND 34TH
ACADEMIC COLLEGE TOUR
APRIL 5TH – 11TH



We will be visiting:

Howard University

**Cheyney University of
Pennsylvania**

Morgan State University

Coppin State University

Hampton University

**National Museum of African
American History and Culture**

We will be departing from CND on Sunday, April 5th 2026 at 11pm from 3901 E. Livingston Avenue, and will be returning on April 11th, 2026, at approx. 8:30pm

*Registration is required, along with a copy of your child's medical insurance.



MANDATORY MEETING for all parents and students will be held Friday, March 20th, 2026, at 5:00 PM at our East Office located at 993 E. Main St. The total cost of the trip is \$500. The first deposit of \$50 is due February 2, 2026. All remaining money is due by the Parent meeting on March 20th.

For more information call (614) 272-1464 or visit our website at:

www.cndcolumbus.org

Primarily funded by:

ADAMH



2026 College Tour Registration Form

ID#: _____

Child's Name: _____
(First Name) Middle Initial (Last Name)

Address: _____ Apt#: _____ Zip Code: _____

Telephone: _____ Cell Phone: _____

Date of Birth: _____ Age _____ Gender: Male _____ Female _____

T-shirt size: (circle one) Youth Adult Size: S M L XL 2XL 3XL

Race/Ethnicity: African American Asian Bi-racial Hispanic/Latino
Native American Somali White Other _____

School: _____ Grade: _____

Guardian Name: _____ Relationship: _____

Allergies (please list): _____

Medications (please list): _____

Emergency contact: _____ Relationship: _____

Address _____

Contact# _____

Parent/Guardian (Signature): _____

Date: _____

FOR OFFICE USE ONLY

South Office East Office West Office

Staff: _____

Prior Involvement:

Yes No

Date of Registration: _____

College Tour College Tour Permission Slip

I, _____ give my child _____ permission to attend the
CND's HBCU/Academic College Tour with the staff and representatives of the Community for New Direction program. I
also understand that this is a voluntary activity and is sponsored for youth involved in the program.

If you agree to these terms initial here: _____

Medical Emergency Authorization

I give the staff of CND permission to seek medical attention for my child in case of an accident or medical emergency, including if deemed necessary at a licensed hospital facility. I am aware that a member of CND staff will contact me to inform me of such an emergency. The number or numbers that I can be reached in case of an emergency are:

If you agree to these terms initial here: _____

Behavioral Contract

My child and I agree with the zero-tolerance policy of the CND College Tour. I understand that if my child fights, refuses to participate, doesn't follow rules or is blatantly disrespectful to another child or staff, he/he will be sent home for the remainder of the College Tour. I fully understand that my fee will be forfeited.

If you agree to these terms initial here: _____

Videotaping Authorization Waiver and Image Release

I hereby authorize and consent to the videotaping, picture taking, or recording of my child's image and voice for public display and dissemination. I voluntarily make this authorization and consent fully realize that in granting my permission I consent to the use of said film, videotape, or photograph in such a manner as CND deems reasonable and necessary.

I hereby waive any right, claim or actions that I may have to receive payment, consideration, compensation or royalties for the use of my child's image and voice in all matters videotaped by CND. I also wave any right or claim of privacy that I may have incidents to or arising out of production, creation, making, recording, public display or public dissemination, of said videotape or picture.

Furthermore, I, for myself, my heirs, executors, administrators, and assigns, forever discharge and hold harmless CND, their agents, and board of directors.

If you agree to these terms initial here: _____

Parent/Guardian (Signature): _____ Date: _____

Staff: _____ Date: _____



A copy of the
participant's current
medical card must be
turned in with the
College Tour
registration and
forms.



Community for New Direction 2026 College Tour

Please sign this form and return it to Community for New Direction staff

I, _____ give my child, _____,
permission to miss school to attend the Community for New Direction's 2026 College Tour from Sunday, April 5th through Saturday, April 11th. My child will visit several historic sites and colleges that include Howard University, Morgan State University, Hampton University, Cheyney University of Pennsylvania, and the National Museum of African American History and Culture.

In emergencies, I grant the Community for New Direction staff or their authorized representative permission to seek medical attention for my child. I will not hold the agency, its board, or its staff responsible for any accidents or injuries.

Signature (Parent/Guardian)

Date

Cut here

Cut here

Please sign this form and return it to your child's school and/or homeroom teacher

To whom it may concern,

I, _____ give my child, _____,
permission to miss school to attend the Community for New Direction's 2026 College Tour from Sunday, April 5th through Saturday, April 11th. Please give my child their missed assignments and/or homework so they can work on it during the tour. My child will be visiting several historic sites and colleges including Howard University, Morgan State University, Hampton University, Cheyney University of Pennsylvania, and the National Museum of African American History and Culture.

Signature (Parent/Guardian)

Date



Community for New Direction
2026 HBCU/Academic College Tour

Dear Supporter of Education,

The student presenting this form to you has expressed an interest in attending college. They have the unique opportunity to participate in a college tour with the Community for New Direction. Each student must pay \$500 to attend the tour. The dates are Sunday, April 5, 2026, to Saturday, April 11th, 2026. The tour will visit the following schools: Howard University, Morgan State University, Hampton University, Cheyney University of Pennsylvania, and the National Museum of African American History and Culture.

Many of our students need financial assistance to make this educational trip. Please help this student enhance his/her future prospect of attending college with your donation. For further information and questions, please visit our website at www.cndcolumbus.org or contact us at (614) 272-1464



Student Sponsorship Form

Name	Address	Amount	Receipt Requested
1.			<input type="checkbox"/>
2.			<input type="checkbox"/>
3.			<input type="checkbox"/>
4.			<input type="checkbox"/>
5.			<input type="checkbox"/>
6.			<input type="checkbox"/>
7.			<input type="checkbox"/>
8.			<input type="checkbox"/>
9.			<input type="checkbox"/>
10.			<input type="checkbox"/>
11.			<input type="checkbox"/>
12.			<input type="checkbox"/>