



## **Cornerstone Connections Project**

### **After-school Program at New Haven Middle School**

#### *Registration Information & Instructions*

#### **Welcome & Background**

Thank you for your interest in enrolling your student in our after-school program. This program is made possible in part by a 21<sup>st</sup> Century Community Learning Center grant. The 21<sup>st</sup> CCLC program is a federally funded after-school program administered by the Indiana Department of Education. The purpose of the program is to provide low-cost and expanded academic services to students. The Connections Project is operated by the Cornerstone Youth Center, an independent nonprofit agency located in Monroeville. Updates and information are available at [www.cornerstoneyc.org](http://www.cornerstoneyc.org).

#### **After-school**

This program is for 6<sup>th</sup>-8<sup>th</sup> grade students and is held at New Haven Middle School. The program begins at the end of the school day and ends at 5:30PM Monday-Thursday. There is no program on Friday. Students receive homework help, participate in a variety of fun educational activities and enjoy physical activities as well. Students sign themselves in and out of the program each day that they attend. Parents are welcome to pick students up from the program or use the busing provided for transportation home. Please complete the transportation section of this registration form to indicate your child's normal transportation method.

#### **College/Career Field Trips, Community Service or Off Campus Activities**

Occasionally, the Connections Project offers special trips to visit colleges/universities, places of employment to learn about careers, perform community service projects or participate in other community or youth development events. Upcoming events are noted in the Cornerstone Connections Project Newsletter and will require a separate permission form to be submitted for participation. If this is a larger group event, we may work with EACS for transportation. If this is a smaller event, Connections Project uses the agency van and/or volunteer parent drivers to carpool for these trips. Most of the time, transportation to and from the school site to participate in these extra events is the responsibility of the parents/guardians since they are most likely at a time that EACS transportation is not available. These are optional activities and are not required for your child to fulfill the program requirements.

#### **Busing**

EACS provides busing home for students that are within the NHMS busing area. Busing home from Cornerstone Connections Project begins on September 12, 2016. If there are any changes during the program year, (i.e. change of home address), you **must contact program staff**, and the EACS Transportation Department at 446-0159 to allow for route planning.

#### **School Delays**

When there is a school delay, the normal after-school program will still take place. If school is cancelled OR there is a three-hour delay, there is NO Cornerstone Connections Project After-school Program that day. If EACS or NHMS cancels extracurricular activities for any reason, there is NO Cornerstone Connections Project held that day.

#### **Reporting Absences**

If your student attends school but plans not to attend the after-school program (you plan to pick up your student at the end of the school day or plan to have your student ride the after school bus home), we must receive a written note signed by you, the parent/guardian, receive an email from a parent/guardian, OR received a telephone call letting us know of the change. Students showing staff text messages from parents/guardians on student phones are not safe ways for parents/guardians to communicate with staff.

## WHAT'S IN THE REGISTRATION PACKET?

Please note that your child is not officially registered until we receive ALL COMPLETED registration forms (see below).

- 1.) **After-School Registration form** (pgs. 3-4): You need to complete one of these forms per student. Please be sure to complete **ALL** requested information, sign at the bottom of page 4 and return this form. If your student has any medical conditions (including ADD, ADHD, ODD, asthma, epilepsy, etc.) and/or takes medications on a regular basis, we need to know specifics of the prescription names and doses for emergency purposes only.
- 2.) **21<sup>st</sup> Century Community Learning Centers Parent Release of Records and Information Consent Form** (pgs. 5-6): This form requires a signature for EACS to share educational records and information with Cornerstone Connections Project staff. It allows us to see how the student is doing and areas of struggle so we can better meet the student's needs during homework help. Please return this form.
- 3.) **Cornerstone Connections Project Consent Form** (pgs. 7-8): Please sign the "Hold Harmless Agreement," provide medical information in the event of a medical emergency. Other listed releases are optional, but may limit your student's participation in the program if not agreed to. Please return this form.
- 4.) **Cornerstone Connections Project Homework Policy** (pg. 9): The Cornerstone Connections Project provides the opportunity for students to work on their homework. This policy outlines the roles/responsibilities of program staff, students and parents. Please sign and return this form.
- 5.) **Parent Orientation Checklist** (pg. 10): This is a list of important information. Please review this carefully and initial beside each one and sign at the bottom of the form. Please return this form.
- 6.) **Cornerstone Youth Center Authorization for Administration of Medication** (pg. 11): All 7<sup>th</sup> & 8<sup>th</sup> grade students registered with Cornerstone Connections Projects are also registered members of Cornerstone Youth Center. This is for your convenience. Students often take part in weekend, evening, and summer programs (by May, 6<sup>th</sup> graders are considered 7<sup>th</sup> graders for summer programs.) Please return this form.
- 7.) **RETURN FORMS TO:** Cornerstone Connections Project, P.O. Box 236, Monroeville, IN 46773 or return form to New Haven Middle School office.

Once we receive the above documents, staff will contact you. You should receive a Program Handbook. This handbook provides important information about our program policies. It is **very important** that you read through this handbook then sign and return the final page. If you have questions, please feel free to ask your Program Director or Site Coordinator.

## -----Refrigerator Reminders: please keep below information-----

Cornerstone Connections Project After-school Hours:  
Monday-Thursday: End of school day—5:30PM

More information, stories, forms and news at  
[www.cornerstoneyc.org](http://www.cornerstoneyc.org)

**NO PROGRAM WHEN EACS IS CLOSED OR HAS A THREE-HOUR DELAY!**

### **Connections Program Numbers**

New Haven Middle School Office: 260- 446-0230 | Cornerstone Youth Center: 260-623-3972  
Program Director Lisa Lysaght: 260-316-2031 | Program Site Phone: 260-245-1280



# Cornerstone Connections Project After-School Registration Form



Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_ M.I. \_\_\_\_\_  
 School: \_\_\_\_\_ Grade 2015-16: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Child's Birth date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_ male \_\_\_ female EACS ID: (Lunch #) \_\_\_\_\_  
 Please check all that apply: \_\_\_ Free School Lunch \_\_\_ Reduced School Lunch \_\_\_ Food Stamps

**Ethnicity:**

- Yes**, Hispanic or Latino (a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture of origin, regardless of race.)
- No**, not Hispanic or Latino

**Race:**

- White:** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- Black or African-American:** A person having origins in any of the black racial groups of Africa.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian sub-continent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.
- American Indian or Native Alaskan:** A person having origins in any of the original peoples of North and South America (including Central America, and who maintains a tribal affiliation or community attachment.
- Other Race:** \_\_\_\_\_

Child lives with: \_\_\_ Mother \_\_\_ Father \_\_\_ Both Parents \_\_\_ Other: \_\_\_\_\_

**Cornerstone Connections Project Registration Form**

**Father's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Father's Email Address: \_\_\_\_\_

**Mother's Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Mother's Email Address: \_\_\_\_\_

**EMERGENCY CONTACTS** (List two local people who can be reached during program hours if a parent/guardian is not available).

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**Optional Pick-Up** (Additional people to pick up your child, in addition to the above names listed:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

Is there anyone to whom your child SHOULD NOT be released? \_\_\_\_\_ **Paperwork must be on file.**

**Are there any special needs to consider?** If so, please explain below or write an additional written explanation that is submitted with this registration.

Allergies  Asthma  ADD or ADHD  Autism  Diabetes  Epilepsy  Hearing/Visually Impaired  Learning Disabilities  
 Physical Disabilities  Behavior Management Plan  IEP (Individual Education Plan)  Other: \_\_\_\_\_

**Medications:** We will not administer any medication to students unless parental consent through the Authorization for Administration of Medication form on page 11 of this registration packet. [Medication will not be administered during Cornerstone Connections Project time. This information is needed as part of Cornerstone Youth Center Membership & for emergency purposes. Cornerstone Connections Project does not have access to the school nurse’s supplies or information.]

**Transportation/Program Student Release Information**

**Program Student Release Options (Please check all that may apply)**

My child will typically walk or bike home after the program.

I or another designated person will pick my child up from the program.

My child is expected to stay in the program every day until the program end at 5:30pm.

My child will be riding the bus home or to a daycare/child watch site. (Please complete information below.)

**Bus Information:**

Bus Needed (Circle where to go):            PM to home            PM to daycare

PM Daycare Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Lot: \_\_\_\_\_

Does your child **require** a mini-bus?  yes     no

**PROGRAM AGREEMENT:**

I agree:

- To meet with CCP staff if my child is having difficulty in the program
- To participate in family program activities as much as possible
- To have my child participate in at least 30 days throughout the school year
- To be financially responsible for any extra costs for outside of program activities as needed.

I certify that I am the parent/legal guardian of this child and that I give my permission for my child to participate in CONNECTIONS PROJECT activities. The information I have provided above is accurate to the best of my knowledge.

\_\_\_\_\_  
Parents' Signature

\_\_\_\_\_  
Date

**OFFICE USE:**    **LEP:**   Y   N            **S/N:**   Y   N            **G/T:**   Y   N            **State ID #** \_\_\_\_\_

## **21st Century Community Learning Centers Parent Release of Records and Information Consent Form**

The Indiana Department of Education (“IDOE”) would like to collect data on activities and events taking place in classrooms, schools and school-related programs throughout the state. The Family Educational Rights and Privacy Act (“FERPA”) requires the IDOE and 21st Century Community Learning Center (“21st CCLC”) to obtain prior written consent from the parent, guardian or eligible student before releasing any personally identifiable information about a student. The information requested will be used to calculate the impact the 21st CCLC has on student performance and to meet reporting requirements as a result of receiving state and federal funds.

The Cornerstone Connections Project (“CCP”) is dedicated to establishing a community learning center designated to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular academic programs. Quality programs are those that demonstrate a high daily attendance rate and engagement with family members of active participants. Programs that demonstrate these characteristics are more likely to have higher student growth, increased passage rates of local and state assessments, and students who pursue post-secondary education.

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I understand that this authorization is made pursuant to the Family Educational Rights and Privacy Act (“FERPA”), set forth in 20 USC §1232g and its regulation in 34 CFR Part 99 (as amended in 2012). Furthermore, I understand that this consent is made pursuant to 34 CFR 99.30(a), which requires that (1) the parent or eligible student’s consent specify the records to be disclosed, (2) state the purpose of the disclosure, and (3) identify the party or parties to whom the disclosure may be made.

**By signing this form, I grant the school my student attends permission to disclose to the 21st CCLC the following information. I also grant permission to the 21st CCLC to re-disclose the following information to the re-disclosure parties.**

- 1. Records Disclosure:** School Registration Information/Demographic Data, Assessment Data, Student Grades, School Day Attendance, Survey Data, Free and Reduced Lunch Status, Attendance Data Student Grades, Assessment Data, Demographic Data
- 2. Disclosure Parties:** 21st CCLC
- 3. 21st CCLC Re-disclosure Parties:**
  - a. Indiana Department of Education
  - b. IDOE contracted statewide evaluator
  - c. United States Department of Education
- 4. Purpose of Each Disclosure:** Collect data to calculate the impact 21st CCLC has on student performance.

All records and information regarding services will be protected by FERPA, which governs the exchange of confidential information. The exchange of information will be limited to the authorized staff of the 21st CCLC and the aforementioned re-disclosure parties. No individual student data will be released beyond that which is specified in this authorization.

This authorization, to receive services from the 21st CCLC and to exchange confidential information, shall remain in effect for the period of my student’s enrollment in the 21st CCLC, or until rescinded in writing. I understand that this release may be revoked by me at any time with a written request dated and signed by me, except to the extent that the 21st CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

**21st Century Community Learning Centers  
Parent Release of Records and Information Consent Form, Ctnd.**

Lisa Lysaght, Program Director  
Cornerstone Connections Project ("CCP")  
Cornerstone Youth Center  
19819 Monroeville Rd.  
P.O. Box 236  
Office: 260-623-3972, Cell: 260-316-2031  
[LLysaght@cornerstoneyc.org](mailto:LLysaght@cornerstoneyc.org)

I understand the 21st CCLC program requires ten (10) business days to process my request. I understand that personal records are protected by FERPA and any additional disclosure or re-disclosure, not authorized by this consent or otherwise permissible pursuant to federal or state law, is prohibited.

**I have read this authorization before signing and I fully understand the contents, meaning and impact of this release.**

Student Name: (Please Print) \_\_\_\_\_

Parent/Guardian Name/Eligible Student: (Please Print) \_\_\_\_\_

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

Relationship to Student: \_\_\_\_\_



## Cornerstone Connections Project Consent Form

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

### HOLD HARMLESS AGREEMENT

RELEASE AND WAIVER OF ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES  
OR SUPPORT COUNSELING OR INJURIES OR PROPERTY LOSS

### **The Southeast Youth Council, Inc. dba The Cornerstone Youth Center**

The undersigned hereby attests and acknowledges that he/she is entering into programming by **The Southeast Youth Council, Inc.** with full knowledge of the potential risks, dangers and possibility of injury that may arise out of operation and activities of **The Southeast Youth Council, Inc.** I/we further acknowledge that **The Southeast Youth Council, Inc.**, its employed staff, its volunteer staff, its officers and/or its directors may offer several forms of support counseling or activities which may result in injury or loss of property. I/we agree that The Southeast Youth Council, Inc. will not be held responsible for those injuries or property losses incurred while engaged in activities and/or support counseling offered. I/we further agree to indemnify and hold The Southeast Youth Council, Inc., its employed staff, its volunteer staff, its officers and or its director harmless from any and all liability including claims asserted by third parties for any care rendered to the undersigned.

### **Release and Medical Authorization**

In the event of an emergency, if the parents/guardians or emergency contacts cannot be reached, I hereby give permission to transport my child to a hospital or urgent care facility for emergency medical or surgical treatment, and I agree to accept any and all financial responsibility for such treatment. I wish to be advised prior to treatment by the hospital or doctor, if possible.

### **Medical/Insurance Information:**

Family Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

My Child is Allergic To: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Plan #: \_\_\_\_\_ Phone#: \_\_\_\_\_

Continued on next page

**Photo Release**

I give Cornerstone Connections Project and Cornerstone Youth Center permission to publish in print, electronic or video format the likeness or image of my child. I release all claims against Cornerstone Connections Project and Cornerstone Youth Center with respect to copyright ownership and publication including any claim for compensation related to use of the materials.

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

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**CYC Transportation Release**

I understand that the Connections Project and Cornerstone Youth Center may at times take college or career visits, perform community service projects or attend events that will require my child to travel to and from the New Haven Middle School site. These trips may require transportation by the Cornerstone Youth Center staff or adult volunteers. I give my permission for my child to participate in these activities.

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

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I agree to all of the above aforementioned Hold Harmless Agreement and releases that I have agreed to with my signature. I further RELEASE AND WAIVE ANY AND ALL CLAIMS AS A RESULT OF PARTICIPATION IN ACTIVITIES OR SUPPORT COUNSELING OR INJURIES OR PROPERTY LOSS OR DEATH, AND MEDICAL AUTHORIZATION offered by The Southeast Youth Council, Inc. dba Cornerstone Youth Center that offers the Cornerstone Connections Project. I further agree that the aforementioned information is correct and that any changes in location, emergency contacts and/or family medical information will be supplied to Cornerstone Youth Center in a timely manner.

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_





# Cornerstone Connections Project Homework Policy

The mission of the Connections Project is to offer diverse, high quality programs that promote leadership and youth development through enrichment activities, unique experiences and opportunities to develop relationships with adults and peers. It is a philosophy of the Connections Project that staff is not to take on the role of “parent” in their involvement with homework help. We believe that parents, busy as they may be, have the ultimate responsibility to be actively involved in their student’s education. Extensive research has shown that students have higher achievement in school when their parents are involved in their education.

Our after-school program provides time and opportunity for students to work on their homework, but youth will not necessarily complete it before going home. It is up to the student to take the initiative to work on their homework. Staff will not “police” youth’s honesty related to whether they have homework or not. In addition, students may choose to work on their homework during choice time activities, but will not be “forced” to complete their homework.

**Please initial each area below stating that it was reviewed with your student then sign the bottom:**

\_\_\_\_\_ What CCP commits to:

- Communicate with families and teachers about students’ homework assignments and progress
- Offer guidance when youth are “stuck”
- Encourage good work habits
- Remove disruptive influences
- Help youth stay focused and on task

\_\_\_\_\_ What CCP cannot commit to:

- Providing one-on-one tutoring at all times
- Ensuring youth *complete* homework daily
- Forcing youth to do their work
- Grading or correcting homework assignments
- Disciplining youth for not completing work to family’s or teachers’ satisfaction
- Taking on the role of parent in the youth’s education

\_\_\_\_\_ CCP expectations of youth:

- Come prepared with homework and assignments
- Be honest about homework assignments
- Be considerate by working quietly
- Only ask for help after trying to complete work on his/her own

\_\_\_\_\_ CCP expectations of parents/guardians:

- Review and discuss homework with your child daily
- Check child’s book bag daily
- Encourage your student to display considerate, cooperative behavior
- Communicate with CCP about your youth’s homework and progress in school
- Support CCP staff and policies

*I have read and fully understand CCP’s Homework Policy.*

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

Youth’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Youth’s Signature: \_\_\_\_\_



# Parent Orientation Checklist

(Please initial beside each item after you have read it.)

\_\_\_\_\_ I have completed all of the paperwork needed to register my child. [See page 2 for a list of all forms required.]

\_\_\_\_\_ CCP is open after school until 5:30PM at New Haven Middle School. For parents picking children up, there is a \$1 per minute late fee after 5:30 p.m. according to the CCP clock. Any fees must be paid within one week in order for my child to continue in the program.

\_\_\_\_\_ I can consult my CCP Handbook, Homework Policy, the Site Director or CCP Program Director with any questions or concerns about the program.

\_\_\_\_\_ I will not send a sick child to the program.

\_\_\_\_\_ I will notify CCP if my child will not be attending the program on his/her regularly scheduled day.

\_\_\_\_\_ I will notify CCP of any changes such as: address, phone, custody, pick-up/drop off list or anything else that concerns my child.

\_\_\_\_\_ I will provide a written notice if withdrawing my child from the program.

***I have read and agree to the policies and procedures listed above.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Director Signature

\_\_\_\_\_  
Date



Cornerstone Youth Center  
Authorization for Administration of Medication

In order to give medication (prescription or over-the-counter) during program hours, parents/guardians will need to:

- Complete the medication authorization form including a written physician's order and parent signature authorizing staff to dispense medication.
- If a student needs to have medication such as: inhalers, and epi pens, please have the physician identify this in a written order.
- Send medication in the original container with a pharmacy label identifying student name, drug, dosage, time medication should be given and physician's name. Over-the-counter medications should be sent in the original container.

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

**Physician's Order for Administration of Medication by Cornerstone Youth Center Staff**

I have prescribed the following medication for this student and request that dosages are given during program hours:

Medication \_\_\_\_\_  
Dosage and Time(s) \_\_\_\_\_ Start Date \_\_\_\_\_ End Date: \_\_\_\_\_  
Diagnosis or reason for Medication \_\_\_\_\_  
Possible side effects \_\_\_\_\_  
Special Instructions \_\_\_\_\_  
Physician Signature \_\_\_\_\_ Date \_\_\_\_\_  
Physician Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Parent/Guardian Authorization for Administration of Medication**

I hereby give permission for my child to receive medication while attending LEARN as prescribed by my child's doctor, nurse practitioner or dentist.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

This form or physician's order may be emailed to [llysaght@cornestoneyc.org](mailto:llysaght@cornestoneyc.org) when completed.