



Membership Registration Forms



[Please Print LEGIBLY]

Student's Last Name: _____ First Name: _____

Birth Date: ___/___/___ Gender: ___ Male ___ Female Student's Phone: _____

School: _____ Grade: _____ EACS ID: _____ [Lunch #]

High School Grad Year: _____ 21st Century Scholar Program: ___ Yes ___ No [for 8th-12th]

Please check all that apply: ___ Free School Lunch ___ Reduced School Lunch ___ Food Stamps

Please check all that apply:

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-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 American:** 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:** _____

Student lives with: ___ Mother ___ Father ___ Both Parents ___ Other: _____

Mother's Last Name: _____ **First Name:** _____

Home phone: _____ Cell phone: _____ Work phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Mother's Employer: _____ Mother's Email: _____

Father's Last Name: _____ **First Name:** _____

Home phone: _____ Cell phone: _____ Work phone: _____

Home Address: _____ Mailing Address: _____

City: _____ State: _____ Zip: _____

Father's Employer: _____ Father's Email: _____

OFFICE USE:	LEP: Y N	S/N: Y N	G/T: Y N	State ID #: _____
GMD: _____	MD: _____	WD: _____	RF: Y N S	Amt: _____ D _____ Ca CC Ck: _____

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: _____

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

Allergies Asthma ADD or ADHD Autism Diabetes Epilepsy Hearing/Visually Impaired

Learning Disabilities Physical Disabilities Behavior Management Plan IEP [Individual Education Plan]

Other: _____

Medications: This information is requested for emergency purposes only. We do not administer medications during regular after school hours. We do not have access to school nurse supplies or information. Include emergency medications that the student carries such as asthma inhaler, epi pen, and others.

List medications and doses: _____

Transportation/ Student Dismissal Options [Please check all that apply]:

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

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

My student is expected to stay in the program every day until the program ends.

[CCP Sites ONLY] My student will ride the bus home or to a daycare/ child watch site. [Please complete information below.]

Bus needed to take student home as listed on page 9.

Bus needed to take student to daycare/ child watch [must fill out information below]

Daycare Name: _____

Manager's Name: _____ Phone: _____

Address: _____

Street

State

Zip

My student **requires** a mini-bus.

[CYC Site ONLY] My student will ride the activity bus back to Heritage High School at the end of program.

Program Agreement: by signing below, you are stating: I agree...

To meet with CCP/ CYC staff if my student is having difficulty in the program

To participate in family engagement activities as much as possible

To have my student participate in at least 45 days of program throughout the school year [CCP Sites]

To be financially responsible for any extra costs for activities outside of regular program.

I certify that I am the parent/legal guardian of the student listed on page 1, and that I give permission for my student to participate in CCP/ CYC activities. The information I have provided above is accurate to the best of my knowledge.

Parent/ Guardian Signature: _____ Date: _____



Hold Harmless Agreement and Consent to Release Information Form

Student's Last Name: _____ First Name: _____

HOLD HARMLESS AGREEMENT

The Southeast Youth Council, Inc. dba: Cornerstone Youth Center

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

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 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 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 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 parent/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:

Insurance Company: _____ Plan # _____ Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Urgent Care: _____

My child is allergic to: _____

Medications and doses my child is taking: _____

MEDICATION RELEASE:

I give permission for **The Southeast Youth Council, Inc.**, its staff and volunteers to administer the following over the counter medications that I have circled below:

Aspirin/ Pain Reliever Cough Drops Antihistamine [AKA: Benadryl –used for allergic reactions only]

Antibiotic Ointment with Band-Aids/Gauze

Parent/ Guardian Signature: _____ Date: _____

Continue on next page

PHOTO RELEASE

I give **The Southeast Youth Council, Inc.** permission to publish in print, electronically or by video format the likeness or image of my child. I release all claims against **The Southeast Youth Council, Inc.** with the respect to copyright ownership and publication including any claim for compensation related to use of the materials.

Parent/ Guardian Signature: _____ Date: _____

LOCAL TRIP PERMISSION RELEASE

I understand that **The Southeast Youth Council, Inc.,** 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 site. These trips may require transportation by **The Southeast Youth Council, Inc.,** staff or adult volunteers. I understand that a parent/ guardian shall be notified before any such trip is taken so that I am aware of my child’s whereabouts. I give my permission for my child to participate in these activities.

Parent/ Guardian Signature: _____ Date: _____

SCHOOL COMMUNICATION RELEASE

[Parents/Guardians of students in a Cornerstone Connections Project after school program **must** also fill out the **21st Century Community Learning Centers Parent Release of Record and Information Consent Form** on page 11-12]

I give permission for the staff of **The Southeast Youth Council, Inc.** to have full and open communication with the school/ school district my child attends including administrative, teaching, and all school district staff. I understand **The Southeast Youth Council, Inc.** will not be held responsible for my child’s grades, but may be able to help with improvement through this open communication with the school/ school district.

Parent/ Guardian Signature: _____ Date: _____

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 AUTHORIZAITON OFFERED BY **The Southeast Youth Council, Inc.,** dba Cornerstone Youth Center/ 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 **The Southeast Youth Council, Inc.** through Cornerstone Youth Center or Cornerstone Connections Project in a timely manner.

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Parent/Guardian Printed Name: _____



Parent Signature Required on back

Cornerstone Youth Center and Cornerstone Connections Projects

offer an environment that welcomes all:

- ~ We treat ourselves and others with RESPECT:
physically, emotionally and with our language
- ~ We RESPECT the property at our sites and owned by individuals
- ~ We RESPECT our staff and volunteers

[Please initial each item indicating you have read and understand it.]

GUIDELINES FOR MEMBERS

1. ____ **SIGN-IN/OUT:** All student MUST sign in and out every time they enter or exit a site. During weekday after school hours/ youth center hours once a student signs out, they may not come back. Weekend drop in at the youth center, students may scan out before 6:00 pm and then scan back in after 6:00 pm but if they scan out after 6:00 pm the student is out for the evening.
2. ____ **DRUGS & ALCOHOL:** Possession and /or use of tobacco, alcohol and illegal drugs is strictly prohibited at any site or during off-site activities. Breaking this rule results in parent notification [school authority notification if at a school site] and/or loss of membership. Any youth who come to a site or activity intoxicated or under the influence of an illegal substance is subject to arrest.
3. ____ **RELATIONSHIPS:** Public displays of affection are limited to hand holding at the youth center site and students must follow school handbook rules at the school sites. No other displays of affection are tolerated.
4. ____ **CURSING/ USE OF INAPPROPRIATE LANGUAGE:** No use of profanity or use of God's name in vain. No use of language that is sexual, derogatory or rude in nature.
5. ____ **WEAPONS:** No weapons of any kind are permitted at any site or activity. Breaking this rule results in the notification of parents, school authority notification if at a school site, and/ or other authorities and may result in lost of membership.
6. ____ **DRESS:** Clothing should be respectful and modest. [School sites follow student handbook rules.] No clothing or caps may be worn that have messages of sex, drugs, alcohol or anything else deemed inappropriate by staff. Members are not allowed to show bare midriff, too short skirts or to short shorts in the opinion of the staff. No heavy coats or jackets are allowed to be worn past the sign in station at any site. Coats and jackets are to be hung or placed in designated areas.
7. ____ **HARASSMENT & VIOLENCE:** No forms of harassment, physical or verbal are tolerated. [i.e. no name-calling, no racial slurs and no fighting.] Everyone MUST be treated with kindness, with respect and with a good attitude.
8. ____ **FOOD & DRINK:** No food or drinks are brought into a site unless approved by staff on duty. No food or drink is allowed in designated areas including near computers. Be aware of posted signs and staff directions.
9. ____ **COMPUTERS & MEDIA:** All site equipment including computers, stereo equipment, TV, gaming devices or other equipment is used at the discretion of staff. Games, when allowed, that are rated TEEN need to be pre-approved. At the youth center site, videos rated PG-13 must also be pre-approved [R rated videos are prohibited.] No music that has a PARENTAL ADVISORY is allowed.
10. ____ **PROPERTY DAMAGE:** All site property is to be respected. Any damage done to property results in discipline including a bill for repair/ replacement of damaged property.

Continued on next page

GUIDELINES FOR MEMBERS

Continued

11. ____ **LOITERING:** At the youth center site, students are not permitted in the office section of the building. Students are not to hang out on the campus outside the building. When students sign out, they are to leave the property. Failure to do so results in contacting student's parents and/or authorities.

At the connection project sites, students must stay in designated areas of the building that activities/ sessions are occurring. Students are not to leave these designated areas for any purpose without permission and escort of staff. When students sign out, they are to leave the school property unless [with parent permission] they are staying for a school activity.

12. ____ **TELEPHONE USE:** Site phones may be used at the discretion of the staff. Calling/ texting family and friends is distracting during activities/ sessions, please ask permission before using ANY phone.

13. ____ **GAMBLING:** No gambling is allowed at any on or off site activities.

14. ____ **BASKETBALL COURT:** At the youth center site, no one is permitted to hang on the rims or trash talk. Students should demonstrate good sportsmanship. Shirts must be worn at all times. If students choose to be on the basketball court after hours [week day or weekend], they are not under the supervision of staff.

15. ____ **CLEAN UP AFTER YOURSELF!:** You mess it up—you clean it up! You turn it on—you turn it off! You get it out—you put it away! Be prepared to assist staff and others to keep our sites clean and organized.

Violations of the above **GUIDELINES FOR MEMBERS** or any behavior deemed unsafe/ threatening to self or others may result in one of more of the following:

- Student given a **Behavior Form** needing parent/ student action [at least a parent signature]
- Suspension or expulsion from Cornerstone Youth Center and/or Cornerstone Connection Projects activities for a given period
- Implementation of a **Behavior Contract**
- Parents, student and staff/ site director meeting to agree upon needed actions to rectify the issue[s] at hand

By signing below, you are stating: I have read the **GUIDELINES FOR MEMBERS** with my student,
_____, and we agree to the policies and procedures listed above.

STUDENT'S NAME

Parent Signature: _____

Date: _____



FAMILY COMMITMENT CONTRACT

Cornerstone Youth Center is a non-profit organization. It charges no membership fees at this time and receives no government assistance. Cornerstone Connections Projects may request a registration fee to supplement moneys needed for snacks and incentives that the 21CCLC grant does not provide. All programming depends entirely on grants and contributions to run quality activities. [See note below pertaining to a late pick up fee.]

Cornerstone sites depend on the involvement of families of it's youth members. We encourage you to make a commitment to support our sites with a financial gift, a donation of snacks or household items, or volunteer in some capacity. A staff member will be in contact shortly. In the meantime, please take a look at the list below for ways you might be able to support our programs.

Please check your commitment option below:

___ **Financial Commitment:** ___ I pledge \$_____ [circle which applies] weekly monthly annually

___ **Provide Snack/ Other Goods Commitment:** I can provide 3 snacks or 3 household items per month. [Other item suggestions: dish soap, liquid hand soap, rolls of paper towels, rolls of toilet tissue, "Kleenex" type tissue, general school supplies, paper plates, napkins, cups, plastic cutlery, etc.]

___ **Time Commitment:** I can help in at least one of these ways [check all items of interest]:

___ Help supervise youth center hours on weekends

___ Help supervise youth center or other site hours on weekdays

___ Help with Garage Sales at the youth center

___ Help with Newsletter Mailings

___ Maintenance as needed

___ Help recycle

___ Help with events

___ Landscaping/ Mowing at the Youth Center

___ Tech Team once a week

___ Share my talent or experience in:

___ Help on monthly Cleaning Crew

___ Summer Community Garden Crew

___ Other: _____

PLEASE NOTE

~ It is vital for other program and staff obligations that students are picked up on time. Cornerstone sites reserve the right to charge parents/guardians a \$1.00 per minute late fee after any and all programs offered according to the main clock used at each site. Any fees must be paid within one week in order for the student to continue attending programs.

~ Parent/guardian must notify staff of any changes such as address, phone, custody, or anything else that concerns our ability to communicate for the best interest of the student.

By signing below you are stating: I have read and agree to follow through with the items I checked marked above.

Parent/Guardian Signature: _____

Date: _____

Cornerstone Youth Center Site:

Mon-Thu 3:30-6 PM

Fri 3:30-10 PM; Sat 7-10 PM

Heritage Jr High School Site:

Mon, Tue, Thu: after school-5:30 PM

Wed: No Program

Fri: after school—6 PM [bus leaves 5:30 PM]

New Haven Middle School Site

Mon-Thu: after school—5:30 PM

Fri: No Program



The remainder of the packet is for
Cornerstone Connections Project
Registrations Only



at Heritage Jr. High and New Haven Middle School

Please find in the remainder of the packet an **1)** Information & Instructions Sheet, **2)** the 21st Century Community Learning Centers: Parent Release of Records & Information Consent Form, **3)** the Cornerstone Connections Project Homework Policy Form, **4)** the Parent Orientation Checklist which includes Information on obtaining the CCP Program Handbook

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 21st Century Community Learning Center [21CCLC] Grant. The 21CCLC 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. Cornerstone Connections Project is operated through Cornerstone Youth Center, an independent non-profit organization in Monroeville, IN. Updates and information are available at www.cornerstoneyc.org.

After-school Time

This program is designed for middle and junior high school students. The program begins at the end of the school day at each site. The days and times for each site are listed below. At each site, students have opportunities for homework help, academic learning center activities, recreation, and healthy snack daily. The learning center activities change depending on the day and throughout the school year depending on community partner availability. Learning centers are designed for STEAM [science, technology, engineering, arts (visual, performance, and language) and math]. Other available activities include: college and career readiness, life skills development, and alcohol/drug prevention. Students sign themselves in and out of program each day that they attend. Parents are welcome to pick students up from the program or use the busing provided by EACS for transportation home. Please complete the transportation section for this registration form on page 2 to indicate your student's normal transportation method.

HERITAGE JR HIGH SCHOOL SITE: Mon, Tue, Thu: after school –5:30 PM; Wed: No Program; Fri: after school –6 PM

NEW HAVEN MIDDLE SCHOOL SITE: Mon-Thu: after school-5:30 PM.

BUS: 5:30 PM Departure daily at both sites.

BUSING

EACS provides busing home for students within the school area of the program attended. **Busing begins on Aug 21, 2017.** Students registering **after Aug 14 have up to a 3-5 day wait for route placement.** Be sure to keep program staff advised of any address changes. There may be another 3-5 day wait for route changes. Buses depart at 5:30 PM at both Cornerstone Connections Project Sites.

SCHOOL DELAYS & CANCELLATIONS

2 hour delays: Cornerstone Connections Project is offered as usual.

3 hour delays or cancelled classes: No Cornerstone Connections Project is offered.

Cancellation of extra curricular activities by EACS or perspective school: No Cornerstone Connections Project is offered.

REPORT ABSENCES

Student safety is very important to us. Please let us know if your student needs to attend program outside of their normal attendance pattern. To report absences, please call or text 260.245.1280 [site phone] or email: LLysaght@cornerstoneyc.org to notify staff. Students showing staff a text message from parents/guardians on a student phone is not a safe way for parents to communicate with staff.

Continued on next page

INFORMATION & INSTRUCTIONS [Continued]

Field Trips: College/Career oriented, Community Service Projects, and others

Occasionally, CCP offers special trips including: college visits, places of employment to learn about careers including trades, community service opportunities, or participation in other activities/events. Information about these activities are sent to parents in a variety of ways with as much time as possible. Please be sure to stay informed by reading emails, flyers, mailings, social media and newsletter as well as listening to and responding to voice mail messages. These activities require an additional permission slip. Transportation may be provided depending on the size of the group or if it is a family engagement opportunity. These activities are optional and may require the student earning points to participate. These activities may have fees but we do our best to keep fees to a minimum.

Parent Registration Checklist

Please note that your student is not officially registered until we receive ALL COMPLETED registration forms in the packet.

A packet **MUST** be completed for *EACH* student if you have more than one attending.

Please initial each item below indicating that it is completed and signed as appropriate when submitted:

____ **MEMBERSHIP REGISTRATION FORM:** [pages 1 & 2] After completing ALL the requested information, please sign the bottom of page 2. Be sure to include information in the Special Needs and Medication areas on page 2. If there are none, then please write "none". Medication names and doses are needed for emergency purposes only. We will not administer medications during regular program hours unless it is emergency inhalers, epi pens, or the like that students carry. We do not have access to school nurse's office, supplies, or information.

____ **HOLD HARMLESS AGREEMENT:** [pages 3 & 4] After completing the student's name, medical/insurance information and medication release, please sign the bottom of page 3. Please also sign permissions for photo release, local trip permission, and school communication release. The bottom of page 4 needs parent/guardian and student signatures.

____ **GUIDELINES FOR MEMBERS:** [page 5 & 6] After going over each of the 15 items on this form with your student, please initial each item. Be sure to enter student's name and sign at the bottom of page 6.

____ **FAMILY COMMITMENT CONTRACT:** [page 7] We request a \$25 registration fee to help lessen the cost of items that the 21CCLC grant does not such as snack/ food and incentives. Please choose the best way[s] for your family to support your student in the CCP/CYC programs. Be sure to read the "please note" section. It has information on the \$1.00 per minute late pick up fee at all sites. We understand that there can be emergencies, but if late pick up is a habit this fee may be applied. Please sign a date towards the bottom of the page. Site operation days and times are listed at the bottom of the page.

____ **CORNERSTONE CONNECTIONS PROJECT REGISTRATION ONLY:** [pages 9-10] Information on this page and the pages that follow are needed for students attending a CCP site at Heritage Jr High School or New Haven Middle School. Please read through all information. Please indicate whether you have read the **CCP Program Handbook** found on the CYC website: www.cornerstoneyc.org, or if you need a copy. The **CCP Program Handbook** contains important information as well.

____ I have read the **CCP Program Handbook**

____ Please provide a copy of the **CCP Program Handbook**, I will return the signature page within a week of receiving it.

____ **21st Century community Learning Centers:** [pages 11-12] This form requires a signature for EACS to share educational records and information with CCP staff. This information is used to monitor students' areas of struggle so we can better meet the students' needs. It is also needed to gather data for Indiana Department of Education to measure growth of students throughout the state and the show the continued need of such programs.

____ **HOMEWORK POLICY:** [page 13] This form requires initials as well as parent/guardian and students signatures. CCP provides opportunities for students to work on their homework. This policy outlines the roles/ responsibilities of staff, students and parents.

____ **RETURN COMPLETED FORMS:** Complete forms may be returned to the school office, CCP after school program, mailed to: Cornerstone Connections Project, PO Box 236, Monroeville, IN 46773 or emailed to Lisa Lysaght, CCLC Director: LLysaght@cornerstoneyc.org



[See next page for parent/guardian signature area]

21st Century Community Learning Centers

Parent Release of Records and Information Consent Form



The Indiana Department of Education [IDOE] collects 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 [21CCLC] to obtain prior written consent from the parent/ guardian or eligible student before releasing any personally identifiable information about a student. The information requested is used to calculate the impact that the 21CCLC have 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 designed 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.

I understand that this authorization is made pursuant to 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, to the school my student attends, permission to disclose to the 21CCLC the following information. I also grant permission to the 21CCLC 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, as well as free and reduced lunch status.
2. **Disclosure Parties:** 21CCLC
3. **21CCLC Re-disclosure parties:**
 - Indiana Department of Education [IDOE]
 - IDOE contracted statewide evaluator and the local evaluator mandated by 21CCLC
 - United States Department of Education
4. **Purpose of Each Disclosure:** Collect data to calculate the impact of 21CCLC has on student performance.

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

This authorization, to receive services from the 21CCLC and to exchange confidential information, shall remain in effect for the period of my student's enrollment in the 21CCLC, 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 21CCLC has already acted in reliance upon this consent. Written revocations shall be sent to:

Lisa Lysaght, CCLC Director
Cornerstone Connections Project
PO Box 236, Monroeville, IN 46773
Office: 260.623.3972 Email: Llysaght@cornerstoneyc.org

21st Century Community Learning Centers

Parent Release of Records and Information Consent Form

Continued

I understand the 21CCLC 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 or Eligible Student Name [please print]: _____

Parent/Guardian Signature: _____

Date: _____

Relationship to Student: _____



CORNERSTONE CONNECTIONS PROJECT

Homework Policy



Cornerstone Connections Project [CCP] staff hope to develop healthy relationships with students in efforts to assist growth and development in the areas of academic learning and life skills. In doing so, staff will not take on the role of parent. We believe that parents, busy as they may be, have the ultimate responsibility to be actively involved in their student’s education. Extensive research shows that students have higher achievement in school when their parents are involved in their education.

CCP provides time and opportunity for students to work on homework, but students may not necessarily complete it entirely before program dismissal. It is up to each student to take the initiative to work on their homework. Staff will not “police” student’s honesty related to whether he/she has homework. 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 and sign the bottom to signify that the *Homework Policy* was reviewed with your student and it is understood:

_____ 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 if possible
- ⇒ Help youth stay focused and on track

_____ What CCP cannot commit to:

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

_____ CCP expectations of students:

- ⇒ Come prepared with homework and assignments
- ⇒ Be honest about homework assignments
- ⇒ Bring a book or be prepared to participate in a learning center if student has no homework
- ⇒ Be considerate of others by working quietly
- ⇒ Only ask for help after trying to complete work on student’s own.

_____ CCP expectations of parents/guardians:

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

I have read the above *Homework Policy* with my student and we fully understand it.

Parent/Guardian Signature: _____

Date: _____

Student’s Signature: _____

Date: _____