



# Membership Registration Form

**Student**

**Legal Last Name:** \_\_\_\_\_ **Legal First Name:** \_\_\_\_\_

**Nickname or Preferred Name:** \_\_\_\_\_

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_Male \_\_\_Female \_\_\_ Other

**Student's Phone:** \_\_\_\_\_ **Student's email:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **EACS ID:** \_\_\_\_\_ [Lunch #]

**High School Graduation Year:** \_\_\_\_\_ **Attends:** In school \_\_\_\_\_ **Virtually** \_\_\_\_\_

**Teachers: Math:** \_\_\_\_\_ **Language Arts:** \_\_\_\_\_

**Are you enrolled in the 21st Century Scholar Program? :** \_\_\_\_ Yes \_\_\_\_ No [for 8th-12th]

**Please check all that apply:**

- \_\_\_\_ Are you eligible for free or reduced school lunch and books?
- \_\_\_\_ Does your family receive SNAP ( Food assistance/ food stamps)?
- \_\_\_\_ Are you a foster child?

**Ethnicity:**

- \_\_\_\_ **Yes, Hispanic or Latino** [a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.]
- \_\_\_\_ **No, not Hispanic or Latino**

**Race:**

- \_\_\_\_ **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 tribal affiliation or community attachment].
- \_\_\_\_ **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.
- \_\_\_\_ **Black or African American:** A person having origins in any of the black racial groups of Africa.
- \_\_\_\_ **Native Hawaiian or Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- \_\_\_\_ **Caucasian or White:** A person having origins in any of the original peoples of Europe, the The Middle East or North Africa.
- \_\_\_\_ **2 or more races**

**Student's legal guardians:**

Who does the student live with? \_\_\_\_\_ Shared time? \_\_\_\_\_

**1. Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Guardian's phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Best time to call; \_\_\_\_\_

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

Mailing Address if different: \_\_\_\_\_

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

Email: \_\_\_\_\_

**2. Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Guardian's phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Best time to call; \_\_\_\_\_

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

Mailing Address if different: \_\_\_\_\_

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

Email: \_\_\_\_\_

***If Student does not reside with a legal guardian: Student lives with:***

**Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

Guardian's phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_ Best time to call; \_\_\_\_\_

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

Mailing Address if different: \_\_\_\_\_

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

Email: \_\_\_\_\_

**EMERGENCY CONTACTS & Optional Pick-Up**

List up to three local people who can be reached during program hours if the guardian is not available. These contacts are also authorized to pick up your student

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Relationship: \_\_\_\_\_

**Are there any special needs to consider for safety and to assist with programming?**

If so, please provide additional information by downloading the corresponding medication and plan of care form from our website: [www.cornerstoneyc.org](http://www.cornerstoneyc.org) or request form(s) be emailed by checking each one that applies:

Allergies     Asthma     ADD or ADHD     Autism     Diabetes     Epilepsy

Hearing Impaired     Visually Impaired     Learning Disabilities     Physical Disabilities

Behavior Management Plan     IEP [Individual Education Plan]     504 Plan

Other needs (please specify and a plan of care will be created): \_\_\_\_\_

**Completed forms MUST be turned in with this packet or emailed to [llysaght@cornerstoneyc.org](mailto:llysaght@cornerstoneyc.org) before the beginning of program attendance.**

**Medications:**

This information is requested for emergency purposes. Under minimal circumstances, we will administer medication prescribed by a physician. Legal guardians **MUST** provide a physician signed permission form **before** staff may administer any medication. Physician and legal guardian medical permission forms and the medication pharmacy issued label must match in name and directions/dosage.

**DO NOT** send medication with your student without first communicating with the Program Director. The staff does **not** have access to a registered nurse, medical supplies held on school premises, or school information. Include all emergency medications that the student carries, such as an asthma inhaler, epi-pen, and others to the list of medicines, doses, and allergies on the **RELEASE AND MEDICAL AUTHORIZATION FORM INCLUDED IN THIS PACKET.**

## Transportation/ Student Dismissal Options

Please read through the **Transportation Agreement** before selecting. It is crucial to choose wisely as registration for transportation cannot change once it is selected until the next semester.

- The student will typically walk or bike to the program or home after the program.
- I or another designated person will drop off and or pick my student up from the program.  
(The designated person must be listed in emergency contacts if not the legal guardian)
- The student will ride the bus from Heritage Jr-Sr High School to the center.
- The student will ride the activity bus back to Heritage High School at the end of the program (Sr. High only).
- The student will ride the CYC van to the Monroeville center from New Haven Jr-Sr High
- The student will ride the CYC van home after the program ( New Haven Jr-Sr High)
- The student will ride the CYC van to the Monroeville center from Woodlan Jr-Sr High
- The student will ride the CYC van home after the program ( Woodlan Jr-Sr High)
- The student will require transportation to the center in Monroeville from home due to virtual learning agreement
- The student will need transportation home from Monroeville after program due to the virtual learning agreement.
- The student will drive themselves to and from the Monroeville Center.  
(Registration, proof of license and insurance required, see **Transportation Agreement**)
- My student requires a handicapped-accessible bus or van.

### **Program Agreement:** I agree

- To meet with CYC/ CCP staff if my student is having difficulty in the program
- To participate in family engagement activities as much as possible
- To be financially responsible for any extra costs for events outside of regular program

I certify that I am the legal guardian of the student listed on page 1.

I permit my student to participate in Cornerstone Youth Center programs and activities. The information I have provided above is accurate to the best of my knowledge. I will notify Cornerstone immediately if any of this information should change.

**Legal Guardian Signature:** \_\_\_\_\_

# Hold Harmless Agreement & Medical Release Form

Student: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Guardian: 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 they and their legal dependent are entering into programming by The Southeast Youth Council, Inc. voluntarily 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. They further acknowledge that The Southeast Youth Council, Inc., its employed staff, its volunteers, its officers and or its directors may offer several forms of support programming or activities [such as College & Career Readiness, Social and Emotional Intelligence, Alcohol, Tobacco & Other Drug Prevention, Life Skills, and Wellness programming] which may result in injury or loss of property. They agree that The Southeast Youth Council, Inc. will not be held responsible for those injuries or property losses incurred while engaged in activities and support programming offered. They further agree to indemnify and hold The Southeast Youth Council, Inc., its employed staff, its volunteers, its officers, and or its directors harmless from 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 legal guardian(s) or emergency contacts cannot be reached, I hereby permit to transport my student to a hospital or urgent care facility for emergency medical or surgical treatment, and I agree to accept all financial responsibility for such treatment. I wish to be advised before treatment by the hospital or doctor if possible.

### MEDICAL/ INSURANCE INFORMATION for Emergency Medical Treatment:

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

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

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred: Hospital: \_\_\_\_\_ Urgent Care Center: \_\_\_\_\_

Student Allergies:

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

Student Medications and dosages:

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

**Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## CONSENT TO RELEASE INFORMATION FORM

Student: Last Name \_\_\_\_\_ First Name \_\_\_\_\_

### PHOTO AND VIDEO RELEASE (MINOR)

I, the legal guardian of the student listed above, grant The Southeast Youth Council Inc. dba Cornerstone Youth Center my permission to use photographs, and or videos for any legal use, including but not limited to: publicity, copyright purposes, illustration, advertising, social media and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me because of such use. **Guardian Initial:**

### LOCAL TRIP 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 student to travel to and from the program site. These trips may require transportation by The Southeast Youth Council, Inc., staff, or adult volunteers. I understand that a legal guardian shall be notified before any such trip is taken so that the legal guardian is aware of the student's whereabouts. I grant permission for the student to participate in these activities and travel with designated staff or adult volunteers.

**Guardian Initial:**

### 21st CENTURY COMMUNITY LEARNING CENTERS RELEASE OF RECORDS AND INFORMATION

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 legal 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 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 designed to provide students with academic and enrichment opportunities, as well as additional activities to complement their regular educational 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 according to FERPA, outlined in 20 USC §1232g and its regulation in 34 CFR Part 99 [as amended in 2012]. Furthermore, I understand that this consent is made according 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. **Disclosure Parties:**

**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 **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 transfer 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.

**By signing this form, I agree to the above releases to The Southeast Youth Council Inc., grant, to the school the student attends, permission to disclose to The Southeast Youth Council Inc., and the 21CCLC the following information.**

**I also grant permission to the 21CCLC to re-disclose the following information to the re-disclosure parties:** *School registration information/ demographics data, assessment data, student grades, school day attendance, survey data, as well as free and reduced lunch status.*

**Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

# CORNERSTONE YOUTH CENTER COMMUNICATION PLAN

The Southeast Youth Council, Inc. strives to communicate important information regarding the organization, student, programming, and other activities and events that benefit the student, family, and community. All communication is shared through organization monitored sites and user profiles. No personal sites or patterns will be used. No contact information is shared or released to other youth, parents, adults, or individuals.

Please share the preferred communication information below for both student and guardian(s).  
[select at least one for each]:

## Student:

Text message: Name: \_\_\_\_\_ Cell Phone Number: ( ) -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: \_\_\_\_\_ Username (URL): \_\_\_\_\_

## Guardian:

Text message: Name: \_\_\_\_\_ Cell Phone Number: ( ) -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: \_\_\_\_\_ Username (URL): \_\_\_\_\_

## Guardian:

Text message: Name: \_\_\_\_\_ Cell Phone Number: ( ) -

Email:

Instant Message through social media by official organization page: Facebook, Instagram, Twitter

Platform: \_\_\_\_\_ Username (URL): \_\_\_\_\_

## Links: Connect with us on our official pages and platforms

Website: [Cornerstone Youth Center](#)

### Official Cornerstone Social Media Platforms:

Facebook: General Information: [Cornerstone Youth Center - Home](#)  
Youth-focused [AJ Cornerstone](#)

Instagram: [Cornerstone Youth Center \(@cornerstoneyc\)](#)

Twitter: [Cornerstone Youth Center \(@yc\\_cornerstone\)](#)

I attest that all contact information above is current and actively used so that we may receive important, vital, and emergency information without delay. I grant The Southeast Youth Council Inc. permission to contact the student and people listed through the means shared above.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# COVID 19 ADDENDUM INFORMATION AND HOLD HARMLESS RELEASE

## **ON-SITE Programs Begin: Sept. 9th, 2020**

### **Wednesdays, Thursdays and Fridays 3-6 pm**

Programming on-site will occur outdoors as much as possible as weather permits. When indoors, social distancing will be mandated. Staff will be wearing masks at all times. Students will be required to wear masks at all times in public spaces or when moving from area to space. When social distancing can be kept, removal will be allowed at the staff's discretion. Failure to follow directions and mask policy will result in the student being sent home. *Snacks, Recreation, Drop In Activities, and Ed Center Homework Help will be available.*

- We are limited to a maximum of 40 youth each day: 20 from Heritage Jr-Sr High and local area, 10 from New Haven Jr-Sr High, and 10 from Woodlan Jr-Sr High.
- Please call the center 260-623-3972 or email Jeanette Johnson: [jjohnson@cornerstoneyc.org](mailto:jjohnson@cornerstoneyc.org) to sign up for a space and receive transportation directions and specifications. All members are allowed to attend on a first sign up, first come basis. 24 hours before the date of programming, signups will close. If you sign up and don't attend, all other reservations for that month will be voided, and you'll have to sign up again. Maximum numbers will continue to fluctuate as mandated by the State and IDOE. If the schools shut down and go to only virtual attendance, Cornerstone will do the same.

## **VIRTUAL Programs Begin: Sept. 14th, 2020**

### **Monday - Friday at various times**

- **Drop In Programming:** games, activities, and hangouts with the Cornerstone Youth Center staff will be focused on bringing the after-school program into your homes. Watch for instructions for live and protected invites through our social media pages and website. All recorded sessions will be available on our social media pages and website as well.
- To be invited to the **LIVE Connection Sessions**, email [aruble@cornerstoneyc.org](mailto:aruble@cornerstoneyc.org) or [cmishler@cornerstoneyc.org](mailto:cmishler@cornerstoneyc.org) to get the Zoom meeting code and password.
- Education Center Homework Help: Appointments will be available for small groups or one on one homework help. Contact [jjohnson@cornerstoneyc.org](mailto:jjohnson@cornerstoneyc.org) or call 260-623-3972 for more information.

**COVID 19 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT** In consideration for receiving permission to BE ON PREMISES at Cornerstone Youth Center (hereinafter the "Activity or Activities"), I, on behalf of myself and any minor child/children for whom I can contract, with this acknowledge and agree to the following:

1. I understand the hazards of the novel coronavirus ("COVID-19") and am familiar with the Centers for Disease Control and Prevention ("CDC") guidelines regarding COVID-19. I acknowledge and understand that the circumstances regarding COVID-19 are changing from day to day and that, accordingly, the CDC guidelines are regularly modified and updated. I accept full responsibility for familiarizing myself with the most recent updates.
2. Notwithstanding the risks associated with COVID-19, which I readily acknowledge, I hereby willingly choose to participate in Activities.
3. I acknowledge and fully assume the risk of illness or death related to COVID-19 arising from my being on the premises and participating in the Activities and hereby RELEASE, WAIVE DISCHARGE, AND COVENANT NOT TO SUE (on behalf of myself and any minor children from whom I have the capacity contract) The Southeast Youth Center, Inc dba Cornerstone Youth Center, their officers, directors, agents, employees and assigns (the "RELEASES") from any liability related to COVID-19 which might occur as a result of my being on the premises and participating in the Activities.
4. I shall indemnify, defend and hold harmless the RELEASED from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly, the infection of COVID-19 or any other illness or injury.
5. It is my express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASES. This agreement and the provisions contained herein shall be construed, interpreted, and controlled according to the laws of the State of Indiana.

I HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. I ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE ON PREMISES AND PARTICIPATE IN THE ACTIVITIES. IN SIGNING THIS AGREEMENT, I ACKNOWLEDGE AND REPRESENT THAT I have read the preceding Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the preceding written agreement, have been made;

I agree with all of the above aforementioned Hold Harmless Agreement and Releases that I have agreed to with my signature.

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

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian Printed Name: \_\_\_\_\_

# Cornerstone Youth Center 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*

## GUIDELINES FOR MEMBERS (NON-COVID 19)

**SIGN-IN/OUT:** All students 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. Friday evening drop in at the youth center, students may scan out before 6:00 pm and then scan again in after 6:00 pm, but if they scan out after 6:00 pm, the student is out for the evening.

**DRUGS & ALCOHOL:** Possession and /or use of tobacco [including betel nut], alcohol, and illegal drugs is strictly prohibited at any site or during off-site activities. Breaking this rule results in legal guardian notification [school authority notification if at a school site], suspension from programming, 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.

**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.

**CURSING/ USE OF INAPPROPRIATE LANGUAGE:** No use of profanity. No use of language that is sexual, derogatory, or rude.

**WEAPONS:** No weapons of any kind are permitted at any site or activity. Breaking this rule results in the notification of legal guardians, school authority notification if at a school site, and/ or other authorities and may result in loss of membership.

**DRESS:** Clothing should be respectful and follow the EACS guidelines. No clothing or caps may be worn that have messages of sex, drugs, alcohol, or anything deemed inappropriate by staff. Members are not allowed to show bare midriffs or have a hemline that is too short by the opinion of the team. No heavy coats or jackets are allowed to be worn past the sign-in station. Coats and jackets are to be hung or placed in designated areas unless permission is given by staff.

**HARASSMENT & VIOLENCE:** No forms of harassment, physical, sexual, or verbal are tolerated.

**FOOD & DRINK:** No food or drinks are brought into a site. No food or drink is allowed in designated areas, including near computers.

**COMPUTERS & MEDIA:** All site equipment, including computers, stereo equipment, TV, gaming devices, or other equipment, is used at the discretion of the staff. Games, videos, and music MUST be pre-approved by staff.

**PROPERTY DAMAGE:** Any damage done to property results in disciplinary actions that include a bill for repair/ replacement of damaged property and individual discipline for perpetrators.

**LOITERING:** Students are not permitted in the office section of the building. Students are not to hang out on the campus. When students sign out, they must leave the property. Failure to do so results in contacting the student's legal guardians and/or authorities.

## GUIDELINES CONTD.

**TELEPHONE USE:** Site phones may be used at the discretion of the staff. Calling/texting family and friends are distracting during the program; please ask permission before using ANY phone. No cell phones are to be used in the Education Center or during program activities.

**BASKETBALL COURT and other activities:** No one is permitted to misuse sporting equipment. Students should demonstrate good sportsmanship at all times. Appropriate clothing and shoes must be worn at all times.

**CLEANLINESS:** You mess it up—clean it up! You turn it on— turn it off! You get it out, put it away! Be prepared to assist staff and others to keep our site clean and organized.

**PARKING PERMIT:** A parking permit must be obtained by licensed youth drivers before or immediately upon driving to the center for the first time. All policies and rules must be followed. Disregard of policies or unpermitted cars are subject to the authorities being called, and vehicles towed at the owner's expense.

**LATE PICKUP FEE:** It is vital, for other program and staff obligations, that students are picked up on time. Cornerstone Youth Center reserves the right to charge legal guardians a \$1.00 per minute late fee after any programs offered. Any fees must be paid within one week in order for the student to continue attending programs.

**CONTACT INFORMATION CHANGES:** legal guardians must notify staff of any changes such as an address, phone, email, custody, or anything else that concerns Cornerstone's ability to communicate for the best interest of the student.

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

- Students are given a **Behavior Form** needing legal guardian/ student action before returning to the program.
- Suspension from Cornerstone Youth Center and Cornerstone Connection Projects activities for a given period
- Legal guardian, student and staff/ site director meeting to agree upon needed actions to rectify the issue[s] at hand
- Implementation of a **Behavior Contract** between student, guardian, and staff.
- Expulsion from Cornerstone Youth Center.

**We agree with the policies and procedures listed above. We have discussed any questions we have before signing.**

**Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## FAMILY SUPPORT AGREEMENT

Cornerstone Youth Center is a non-profit organization. It charges no membership fees at this time. All programming depends entirely on donations, grants, and contributions to operate.

Cornerstone Youth Center depends on the involvement of families of its members. We encourage you to commit to supporting our mission with a financial gift, a donation of snacks or household items, or volunteer in some capacity.

Please take a look at the list below for ways you might be able to support us. Mark the ways that you feel most comfortable offering support, and a staff member will be in touch with you to help you engage. Financial contributions can be sent directly to Cornerstone Youth Center by mailing a check or cash or donating on the website [www.cornerstoneyc.org](http://www.cornerstoneyc.org).

*Please check your commitment options below:*

**Financial Support:**  I pledge \$\_\_\_\_\_

I want to be a sustainable donor! I will pledge an amount (any amount over \$2) to be directly withdrawn from my credit card or bank account monthly. Please have a staff member contact me to get my information privately.

**Provide Snack/ Other Goods Support:** I can provide 3 healthy snacks that are sealed in individual servings or household items. [Item suggestions: dish soap, liquid hand soap, rolls of paper towels, rolls of toilet tissue, “Kleenex” type tissue, paper plates, napkins, cases of water, plastic cutlery, sanitizing wipes and spray, hand sanitizer, non-latex gloves]

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

Help supervise youth center on weekdays

Building and Grounds maintenance as needed

Help recycle cardboard and plastic

Help with events

Landscaping/ Gardening at the Youth Center

Contact parents to share information and events

Share my talent or experience as a guest speaker

Serve on a committee or the Board of Directors

# Cornerstone Youth Center *Homework Policy*

CYC staff work to develop healthy relationships with students in efforts to empower growth and development in the areas of academic learning and life skills. In doing so, the staff is careful not to take on the role of parent or advisor. We believe that parents have the ultimate responsibility to be actively involved and make decisions in their student's education.

CYC provides time and opportunity for students to work on homework, both in-person and online. Still, students may not necessarily complete it entirely before program dismissal or elect to work on it at all. Staff will not insist but will encourage students to work on assignments they have due.

**Please review each area below and sign the bottom to signify that the *Homework Policy* was reviewed with your student:**

CYC commits to:

- ⇒ Communicate with families and teachers about students homework assignments and progress when offered access to information online through the school portal
- ⇒ Offer guidance when youth are "stuck"
- ⇒ Encourage good work habits
- ⇒ Remove disruptive influences if possible
- ⇒ Help youth stay focused and on track

CYC cannot commit to:

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

**We have read the above *Homework Policy*, and we fully understand it.**

Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Cornerstone Connections Project Registrants *Only***  
**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 [IDOE]. 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](http://www.cornerstoneyc.org).

**After-school time** This program is designed for junior high school students. The program begins at the end of the school day. Students have opportunities for homework help, academic learning center activities, recreation, and healthy snacks 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, social and emotional intelligence development, and alcohol/drug prevention. Students sign themselves in and out of the program each day that they attend. Legal guardians are welcome to pick up students from the program or use the transportation provided by Cornerstone.

**TRANSPORTATION** CYC provides transportation to and from Monroeville for CCP students. Students registering for pick up and home delivery will be subject to a 72-hour route processing time. CYC staff will be in contact with you to ensure transportation is covered. Be sure to keep CYC staff advised of any address changes.

**SCHOOL DELAYS & CANCELLATIONS** *2 hour delays*: Cornerstone Connections Project is offered as usual. *3-hour delays or canceled classes*: No Cornerstone Connections Project is offered. *Cancellation of extracurricular activities by EACS or perspective school*: No Cornerstone Connections Project is offered.

**ATTENDANCE CHANGES** Student safety is critical to us. Please let us know if your student needs to attend or leave a program outside of their regular attendance pattern. Please call or text 260.245.1280 [New Haven Jr-Sr High], 260.623.0070 [Woodlan Jr-Sr High], or 260.623.3972 for Heritage Jr-Sr High. You may also email: Jeanette Johnson [jjohnson@cornerstoneyc.org](mailto:jjohnson@cornerstoneyc.org) to notify the 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.*

**FIELD TRIPS** Occasionally, CYC 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 is sent to parents with as much time as possible to plan. Please stay informed by reading emails, flyers, social media, and REMIND texts. These activities require an additional permission slip. Transportation will be provided unless it is a family engagement opportunity. These activities are optional and may require the student earning points or meeting a goal to participate.

## **CCP Parent Registration Checklist**

**Students are not officially registered until we receive ALL forms fully completed.**

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

Please check for each item below and ensure that it is completed and signed as appropriate when submitted:

- MEMBERSHIP REGISTRATION FORM**
- TRANSPORTATION FORM**
- HOLD HARMLESS AGREEMENT AND MEDICAL RELEASE**
- CONSENT TO RELEASE INFORMATION**
- CYC COMMUNICATION PLAN**
- COVID ADDENDUM AND HOLD HARMLESS AGREEMENT**
- GUIDELINES FOR MEMBERS PAGES**
- FAMILY SUPPORT AGREEMENT PAGE**
- HOMEWORK POLICY**
- CORNERSTONE CONNECTIONS PROJECT REGISTRATION ONLY**