



Community House Big Sibs

Standing with families since 1969

Dear Parents/Guardians,

Founded in 1969, Community House is devoted to standing with Princeton families by providing tools for academic success and social-emotional wellness through programs that bolster early childhood literacy, promote the mastery of fundamental academic skills, provide mentoring and create early awareness of post-secondary opportunities for underserved youth.

Community House Big Sibs is a student-led mentorship project connecting University students with elementary school students in Princeton Public Schools. Mentors build long-term relationships with individual students and help foster academic and social and emotional growth. Community House Big Sibs works with elementary aged students in grades 2-5.

Attached you will find the Community House registration packet which includes a detailed program description, program application, and program schedule. Completed applications can be returned to Community House directly or submitted via email, mail, or fax.

If you would like to learn more about this exciting program for your elementary school student, please contact Charlotte Collins at 609-258-0136 or house@princeton.edu.

Best,

Charlotte Collins

Charlotte E. Collins

Community House | *Director*

Pace Center for Civic Engagement, Princeton University | *Associate Director*

Contact Community House:

Email: house@princeton.edu

Phone: 609-258-6136

Fax: 609-258-0443

Address: 58 Prospect Ave, Princeton, NJ





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Program Description and Schedule

The Community House Big Sibs project aims to foster mentorship relationships between elementary students and Princeton undergraduates, with the broader goal of engaging undergraduates in the mentoring of underserved elementary school students (2nd-5th grades) in Princeton Public Schools. Mentoring events will be designed for big and little sibs to interact with each other, fostering one-on-one mentorship relationships, a community of big sibs among members of the same class-year and a broader community of big and little sibs. Emphasis will be placed on reading, team-building and leadership exercises that will provide elementary school students with skills crucial for academic and social/emotional growth. The project will also offer enrichment activities for Big and Little Sibs to participate in together.

Big Sibs Meeting Schedule:

Community House Big Sibs will sponsor events on the Princeton University Campus or in a community center for Program Participants. These events will take place on:

10/1/16	10/15/16	11/12/16	11/19/16	12/3/16	12/10/16
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Please mark these dates on your calendar. **Each event will run from 11am-2pm and include a hot meal for all participants.** More detailed information will be sent out upon receipt of your child's registration materials.

All Program Participants Must Submit New Registration Materials At The Start Of Each Program Year. Your Child Will Not Be Able To Participate In The Program Without Completed Registration Materials.

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Behavior Policy

Students participating in the Community House Big Sibs as well as extracurricular social activities affiliated with Community House are held to a high standard. In our efforts to promote academic achievement and foster well-rounded students, we expect students to actively contribute to their own learning and to exude positive behaviors and attitudes while participating in all Community House activities. To uphold these expectations, Community House participants and their parent/guardian are asked to read and sign the Community House after School Academy Behavior Policy.

Reinforcement of positive behavior is the preferred disciplinary technique. If negative behavior occurs, the student may be redirected to work alone temporarily, asked to sit quietly for a short period of time, or asked to work out the solution with other students and/or one of the Princeton University staff/mentors.

Community House Big Sibs cannot serve children who display chronically disruptive behavior. Disruptive behavior is defined as verbal or physical actions which may include, but are not limited to, behavior such as: physical or emotional harm to himself or peers or staff, persistent bullying, verbal harassment of peers or staff, unauthorized departure from the grounds of the program, ignoring or disobeying rules during the program, or behavior that requires constant attention from the staff.

To ensure fairness to all children, disruptive behavior will be handled through the following process:

1. **First Offense:** The student will be given a 20-minute time-out away from the activity at hand. The staff member in charge will speak with the student privately to determine the problem and explore solutions.
2. **Second Offense:** In the case of a second offense, an incident report will be completed by the students and the staff member. This report will be shown to the parent at pick-up for them to read and sign. A copy will be sent to the parent via

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the email address provided in registration materials and a copy will be kept in the Community House Director's office.

- 3. Third Offense:** For a third offense, an incident report will be completed by Community House staff and the Community House Director will contact the parent and schedule a meeting to discuss the problem and seek solutions in order for the student to continue with the program. If, after this meeting, the negative behaviors continue a final meeting will be necessary to discuss whether the student can remain in Community House Big Sibs.

Please note that each behavioral situation is unique and Community House staff members reserve the right to make modifications to the behavior management policy as they see fit for a particular situation. These modifications may include different or additional consequences not specified in this policy. The Community House director has absolute discretion to interpret and apply any and all rules and provisions in this policy, in the manner that they believe to be correct. Nothing stated in this policy limits the Director's authority to interpret and apply the rules. The Director reserves the right to amend these policies and procedures without prior notice for the safety and well being of everyone. Every effort will be made to notify students and parents/guardians of such changes.

By signing below you are confirming that you have read & reviewed this policy with your child and agree to the terms outlined in this policy.

Student Signature

Date

Parent Signature

Date

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Registration Form

All Fields Must Be Completed. You Must Complete AND Submit New Registration Materials For Your Child At The Start of Each Program Year.

Student Information:

First Name: _____ Last Name: _____

Age: _____ Date of Birth: _____ Gender: _____

School: _____ Grade: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

Email Address: _____

Parent/Guardian Information:

First Name: _____ Last Name: _____

Place of Employment: _____ Work Phone: _____

Home phone: _____ Cell Phone: _____

Home Address: _____

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Email Address: _____

Emergency Contact Information (Must Be Different Than Parent/Guardian):

First Name: _____ Last Name: _____

Relationship to Student: _____ Work Phone: _____

Home phone: _____ Cell Phone: _____

Email Address: _____

About Your Student:

Please tell us about your child, including but not limited to their favorite subjects in school, what they like to do for fun, and a bit about their personality. This will help us in our efforts to provide the best match for your child when pairing Big and Little Sibs.

Please describe any academic/ social challenges or special considerations we should be aware of in working with your child.

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Please have your child tell us what they are looking forward to most about having a Big Sib:

Big Sib events will take place on the following dates:

10/1/16	10/15/16	11/12/16	11/19/16	12/3/16	12/10/16
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Each event will run from 11am-2pm and include a hot meal for all participants.

To encourage a strong relationship between Big and Little sibs we ask that Little Sibs participate in as many of the project events as possible. Please indicate any dates you anticipate your child will not be able to participate in the project event dates outlined above:

Please indicate how your child will get to and from Big Sib events:

- € My child/ward, _____ has my permission to walk from home/school to the program and back home after the program.
- € My child/ward, _____ has my permission to have the individuals noted below, drive him/her to Big Sib events and pick him/her up from Big Sib events.

Name: _____ Phone: _____

Name: _____ Phone: _____

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Parent Signature: _____ Date: _____

MEDICAL INFORMATION

Please attach copies of information on the health and wellbeing of your child/ward (“Participant”), including copies of any health insurance cards or other documents. Include below, any information you feel is important for us to know that may affect the “Participant’s” ability to fully participate in the camp program. Read and review the permission statement noted below, checking the box and providing your initials to indicate your approval.

€ Permission for medical treatment for _____ and obligation to assume medical expenses:

In the event that I am not immediately available, should the Participant suffer a serious or life-threatening injury for which medical treatment may be necessary, I hereby authorize an appropriate adult member to engage qualified medical personnel to initiate any necessary medical treatment or care. In the event of such an injury, it is understood that, where practical, a representative of Princeton University will use all reasonable efforts to notify me prior to initiating medical treatment for the Participant. If I am not available, I give my permission to any such physician or other medical personnel to provide such medical treatment, as that individual deems medically appropriate. I understand and agree that I am responsible for all medical care expenses incurred to treat the Participant's injuries including, without limitation, physician, hospital, lab, drug and device expenses.

Please List any known allergies or medical conditions we should be aware of:

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Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

PARENT/GUARDIAN WAIVER AND CONSENT FORM

Please indicate your consent by checking each box, initialing each section and providing your signature.

A student selected for the Big Sibs project must have this form completed and signed.

€ I certify that I am the parent or legal guardian authorized to sign this waiver and consent form on behalf of my child/ward ("Participant").

Name of parent/legal guardian (print): _____

Home address: _____ Email address: _____

Home Phone: _____ Cell Phone: _____

€ **Permission to participate and abide by code of conduct** _____ **Your initials**

I am the parent/guardian of _____, now known as Participant, and hereby give my permission for Participant to participate in the Community House Big Sibs project with the understanding that there will be a variety activities and events associated with the project which will take place on or near the Princeton University campus, unless otherwise notified. I understand that Participant will be required to sign a Code of Conduct Agreement and should any rules be broken, it is at the discretion of staff to release Participant from the program, upon notification to the parent/legal guardian.

€ **Permission to participate in field trips:** _____ **Your initials**

I authorize Participant to go on field trips that may be scheduled and sponsored by Community House, with the right to forego his/her participation in as specific trip. I agree that neither I nor any member of my family will seek to hold Princeton University, Community House, and/or their respective students, officers or employees liable for any damage or injuries which may be sustained to my child. I, nor any member of my family, will hold Princeton University, Community House responsible for incidents beyond their control. I understand pursuant to New Jersey law that any damage or injury sustained by my child as a result of an automobile accident will be covered by my automobile insurance policy (under PIP/No Fault).

€ **Permission to photograph or film participant:** _____ **Your initials**

I grant permission to Princeton University to videotape, photograph or otherwise record Participant

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and to use such recordings and biographical data in any media, on a perpetual basis, for non-commercial purposes.

€ Approval to participate, waive, release, agree to hold harmless

I hereby give my approval for Participant to participate in this project and waive, release, and agree to hold harmless the organizers, facilitators, teachers, participants, and any other personnel involved in the operation, organization, sponsorship, supervision or participation of the Community House Big Sibs Project, including without limitation, the Trustees of Princeton University, Community House, and their respective trustees, directors, members, officers, employees and agents from any claim or cause of action of any nature that may be available to the Participant or his/her parents and/or legal guardians, arising out of any injury, accident, or illness to the Participant, arising in any way out of or in connection with the Participant's participation in such program and activities.

Parent/ Legal Guardian Signature: _____

Date: _____

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