



Community House After School Academy

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, and create early awareness of post-secondary opportunities for underserved youth.

The Community House After School Academy, CHASA, is a program for middle school students in grades 6 through 8. During the program students participate in daily workshops designed to help them build and improve their academic skill set in the areas of language arts, math, writing, and science. Homework support is provided to all CHASA participants. Additionally, time each week will be dedicated to extracurricular activities including but not limited to lectures on campus, book discussions, recreational sports, the fine arts (music, theater, dance), and community service.

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 middle 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 After School Academy is designed to provide academic support while promoting social-emotional wellness for students in 6th, 7th, and 8th grade. A core goal of CHASA is to ensure students who are struggling due to lack of fundamental skills in specific subjects receive additional individualized support and instruction in an afterschool setting. The components of the academy include instruction from certified teachers, tutoring from Princeton University volunteers, and ample opportunities to apply concepts and skills through interactive activities and experiments. During the program, students will be given pre and post assessments in order to determine progress as well as ensure mastery of concepts. Community House staff works closely with Princeton Regional School administrators, guidance counselors and teachers to ensure that the instruction and activities provided in CHASA complement the school's curricular and academic expectations.

CHASA Daily Schedule:

<i>Time</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>
<i>3:00pm-3:30pm</i>	Arrive, Snack & Warm-up Activity	Arrive, Snack & Warm-up Activity	Arrive, Snack & Warm-up Activity	Arrive, Snack & Warm-up Activity
<i>3:30pm-4:15pm</i>	Homework Help & Tutoring	Homework Help & Tutoring	Homework Help & Tutoring	Homework Help & Tutoring
<i>4:15pm-5:00pm</i>	Daily Lesson Or Experiment	Daily Lesson Or Experiment	Daily Lesson Or Experiment	Daily Lesson Or Experiment
<i>5:00pm-6:00pm</i>	Extracurricular Activity	Extracurricular Activity	Extracurricular Activity	Extracurricular Activity

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CHASA will occasionally offer programming on Fridays. Affectionately known as “fun Fridays” more information about these special opportunities will be distributed during the program year.

Behavior Policy

Students participating in the Community House After School Academy (CHASA) 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 scholars, 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/tutors.

CHASA 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 CHASA.

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

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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Parent Signature _____

Date _____

Registration Form

All Fields Must Be Completed.

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 describe any academic challenges or special considerations we should be aware of in working with your child. This will help us in our efforts to provide the best support to CHASA participants.

Please list the courses your child will be taking this year.

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Please list any sports or extracurricular activities your child will be participating in this year.

Please indicate the days of the week your child will participate in CHASA.

	Monday	Tuesday	Wednesday	Thursday
Indicate participation with a Yes or No				

Please indicate how your child will get to and from CHASA.

- € 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 the CHASA and pick him/her up from CHASA.

Name: _____ Phone: _____

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:

Parent/Guardian Name (Print)

Parent/Guardian Signature

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Date

PARENT/GUARDIAN WAIVER AND CONSENT FORM

Please indicate your consent by checking each box, initialing each section and providing your signature. All students who participate in Community House Programs 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 CHASA program with the understanding that there will be a variety of activities and events associated with CHASA's daily programs 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, The Pace Center, and 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**

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