



## Community House High School Programs

*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 High School Programs consist of our Community House After School Enrichment Program, SAT Prep Program and Generation One Program for students in 9<sup>th</sup>- 12<sup>th</sup> grade. During SAT Prep volunteers teach Math and English sessions and also provide one-on-one tutoring to help high school students develop standardized test-taking skills. Generation One focuses on helping first generation students navigate the high school experience and prepare to launch into college. Generation One and Community House After School Enrichment provide mentoring, academic tutoring, subject-specific study circles, writing workshops, field trips, college tours and other activities.

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](mailto:house@princeton.edu). We look forward to seeing you and your family at Community House.

Best,

Charlotte Collins

**Charlotte E. Collins**

**Community House** | *Director*

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

### **Contact Community House:**

Email: [house@princeton.edu](mailto:house@princeton.edu)

Phone: 609-258-6136

Fax: 609-258-0443

Address: 58 Prospect Ave, Princeton, NJ





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### Program Descriptions and Schedules

#### Generation One & Community House After School Enrichment

These programs are dedicated to supporting high school students as they navigate high school and prepare to launch into college or other post-secondary opportunities. *Generation One* is focused on first generation students while *Community House After School Scholars* has a broader reach. Both programs designed to help ensure that students experience academic success throughout their four years in high school. The programs also help students prepare academically and emotionally for the transition to college. They provides mentoring, academic tutoring, subject-specific study circles, writing workshops, field trips, college tours and other activities.

***Daily Schedule:*** Monday-Thursday 3pm-6pm

Occasional Evening Session from 6-8pm will be offered based on interest and tutor availability. *Gen 1 students are also asked to attend bi-weekly in school meetings with PHS Staff.*

#### SAT Prep

During the SAT Prep Program we take standardized testing information and teach on a more understandable and relatable level. During the SAT Prep Program volunteers teach Math and English sessions twice a week and also provide one-on-one tutoring to help high school students develop standardized test-taking skills. We also offer AP testing support for students currently enrolled in AP courses and students hoping to take AP courses and respective AP tests. In addition we offer ACT testing tutoring as well for students who prefer to or need to take the ACT in conjunction with or instead of the SAT.

***SAT Prep Daily Schedule:*** Monday-Thursday 3pm-8pm by appointment

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We will contact you to confirm your appointment(s) once we review your registration materials.

### **Behavior Policy**

Students participating in the Community House High School Programs 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.

Community House 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 the High School Programs.

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.

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Student Signature

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Date

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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 Community House 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 **Generation One**.  
\*Students in this program must also attend bi-weekly in school meetings with PHS Staff\**

	Monday	Tuesday	Wednesday	Thursday
Indicate participation with a Yes or No				

*Please indicate the days of the week your child will participate in **Community House After School Enrichment**.*

	Monday	Tuesday	Wednesday	Thursday
Indicate participation with a Yes or No				

*Please indicate the **days & times** your child is available to participate in **SAT Prep**.*

	Monday	Tuesday	Wednesday	Thursday
Indicate participation				

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with a Yes or No				
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Please indicate how your child will get to and from the High School Programs.

- € 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 Community House and pick him/her up from Community House.

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

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

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

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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## 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. 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 Community House High School programs with the understanding that there will be a variety of activities and events which will take place on or near the Princeton University campus, unless otherwise notified. I understand that the Participant will be required to sign a Participant Code of Conduct Agreement and should any rules be broken, it is at the discretion of camp staff to release Participant from the camp, 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).

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€ **Permission to photograph or film participant:** \_\_\_\_\_ **Your initials**  
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 Community House High School Program, including without limitation, the Trustees of Princeton University, Community House, the Pace Center, 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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