



@Cornerstone

Empowering Teens to Impact the World

2019-2020 STUDENT REGISTRATION FORM

OFFICE USE ONLY

Form collected by: _____ Date: _____

Form entered by: _____ Date: _____

Fee collected by: _____ Date: _____

Cash Check # _____ Credit Card Other

\$50 \$75

STUDENT INFORMATION

First Name: _____ Last Name: _____

Date of Birth: _____ Gender: Female Male

Grade: _____ School: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Student Email: _____

PARENT/GUARDIAN INFORMATION (NOTE: We must have complete information for at least one parent/guardian.)

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Name: _____ Relationship: _____

Email: _____ Cell Phone: _____

Work Phone: _____ Place of Employment: _____

Other Emergency Contact: _____ Phone: _____

MEDICAL INFORMATION

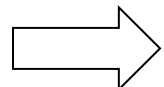
Medications/Conditions: _____

Allergies: _____

Primary Doctor: _____ Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by above named doctor or in the event the designated preferred practitioner is not available by another licensed physician; and 2) the transfer of the teen to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinion of two other licensed physicians concurring in the necessity for such surgery are obtained prior to the performance of such surgery.

Parent/Guardian Signature: _____ Date: _____



HOUSEHOLD INFORMATION (This section must be completed. It is necessary for the funding our organization receives. All information is kept confidential.)

Teen's Race (circle): African American Asian Caucasian Multi-Racial Hispanic Native American Other

Teen qualifies for free/reduced lunch: Yes No

The Teen lives with (check all that apply): Mom Dad Step Mom Step Dad Grandparent Guardian Other

Single Parent: Yes No

PHOTO RELEASE:

Yes No I give my permission for EDGE Teen Center to use photos and/or videos that include my student on its social media sites and website, and in publications, printed materials and local media.

ACADEMICS:

Yes No I give permission for my teen to access his/her Home Access Center (HAC) account while in the presence of EDGE Teen Center staff/adult volunteers. I also give EDGE Teen Center and my child's school district permission to exchange information regarding the minor child listed on this registration form. The purpose of this exchange is to help both organizations more effectively support the teen's academic goals.

BEHAVIORAL HEALTH:

Throughout the school year, EDGE@Cornerstone will have a licensed counselor on site to lead small groups and to offer free individual counseling for teens who may need support dealing with life stressors.

Yes No I give permission for my teen to participate in small groups led by a licensed counselor, and one on one counseling, if needed or desired.

SIGNATURES NEEDED:

TEEN CODE OF CONDUCT

By signing below, I (student) acknowledge that I have reviewed the EDGE Teen Center Code of Conduct and agree to abide by it. The Code of Conduct can be found online at www.edgeteencenter.com at the top of the Enroll&Pay Fee page.

Student Signature: _____ Date: _____

ANNUAL FEE

By signing below, I (parent/guardian) give my student permission to attend EDGE Teen Center's after-school program and acknowledge that I have reviewed and understand EDGE Teen Center's Code of Conduct regarding my student's participation. I also understand that the annual fee for the EDGE Teen Center after school program is **either \$75 or \$50 annually (depending on the plan you choose)**, which is due in full on Friday, August 23rd. If I am unable to pay in full by that date, I agree to contact EDGE at tym@edgeteencenter.com to receive a financial assistance form.

Parent/Guardian Signature: _____ Date: _____



TRANSPORTATION FORM

In addition to a Lakota Activity Bus that will transport teens after school to EDGE@Cornerstone, EDGE Teen Center will also offer transportation from Lakota West Freshman Campus and Career Readiness Academy to EDGE if needed to accommodate teens who need a ride.

I, _____, the parent/guardian of _____, hereby give my minor child permission to ride in the EDGE Teen Center 15-passenger van from school to EDGE@Cornerstone located at 7600 Princeton Glendale Rd during the 2019-20 school year.

On behalf of myself and my child, I agree to release and discharge, and agree to indemnify and hold harmless, EDGE Teen Center and its leadership, employees, volunteers, and/or any other persons or entities acting on its behalf, from any and all claims, rights of action and causes of action that may arise directly or indirectly from the transportation of my child.

Signature of Parent/Guardian _____

Date: _____