Stay in School Initiative Program Expectations

Position Overview
The Stay in School Initiative is sponsored by Exelon/ComEd & United Way and is a one-year commitment. The 2020 cohort will begin in the summer and will consist of youth from Cicero in 10th-12th grade. Each participant will work on activities which positively impact education and safety outcomes in the community and take part in monthly Saturday morning workshops. Those youth in 10th-12th grade will also have the opportunity to apply for a paid summer internship with Exelon/ComEd & United Way.

Major Responsibilities:
- Fellows must attend skill-building workshops
  - Stay in School Core Youth must also attend monthly Saturday morning mentoring workshops (September-May)
- Attend meetings once a week/ biweekly
- Attend Fuerza Youth Center 2-3 times a week
  (Youth involved in sports/clubs 1-2 times a week)
- Participants will be asked to participate and volunteer in agency/community events
- Develop and implement initiatives that positively impact education and/or safety in Cicero

Expectations:
- 15 hours a month (at least)
- Monthly workshops
- Weekly/biweekly meetings
- Youth will turn in report cards
- Be active in volunteering

Every member of the Stay in School Program will participate in a year-long commitment to the program!
# Stay In School Application

## Applicant Information

<table>
<thead>
<tr>
<th>Youth Name</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Gender</td>
<td>☐ Male ☐ Female</td>
</tr>
<tr>
<td>Date of Birth &amp; Age</td>
<td>___ / ___ / ____ years old</td>
</tr>
<tr>
<td>School &amp; Grade</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td>☐ House ☐ Apartment</td>
</tr>
<tr>
<td>City/Town &amp; Zip Code</td>
<td></td>
</tr>
<tr>
<td>Home Phone (if applicable)</td>
<td></td>
</tr>
<tr>
<td>Youth's Cell Phone</td>
<td></td>
</tr>
<tr>
<td>Qualified Lunch Program?</td>
<td>☐ Reduced ☐ FREE</td>
</tr>
<tr>
<td>Primary language spoken at home?</td>
<td>☐ English ☐ Spanish ☐ Other:</td>
</tr>
<tr>
<td>How did you hear about Fuerza Youth Center?</td>
<td>☐ School ☐ Parent(s) ☐ Walk-in ☐ Friend: _______________ ☐ Other: _______________</td>
</tr>
</tbody>
</table>

## Authorizations & Consents

| ☐ Yes ☐ No | Are you enrolled in any honors/AP classes? |
| ☐ Yes ☐ No | Do you participate in any after school activities? (Sports, Student Council, Clubs, etc.) |

Corazón Community Services will need to receive information from School District 201. This may include obtaining grades and/or test scores from teachers and/or counselors, and speaking with teachers and/or counselors. This is required for the Stay In School program.

<table>
<thead>
<tr>
<th>Skyward Login Information</th>
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<tbody>
<tr>
<td>Username:</td>
<td></td>
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<tr>
<td>Password:</td>
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</table>

Parent/Guardian Signature

1 of 4
### Parent/Guardian Information

**With whom does the youth primarily reside?**
- [ ] Parent/Guardian 1
- [ ] Parent/Guardian 2
- [ ] Both

**Parent/Guardian 1**

- **Name:**
- **Relation to Youth**
  - [ ] Mother
  - [ ] Father
  - [ ] Guardian: 
- **Street Address**
- **Occupation**
  - [ ] Full-time
  - [ ] Part-time
- **Home Phone**
- **Cell Phone**
- **Work Phone**
- **Ethnicity**
- **Primary Language**

**Parent/Guardian 2**

- **Name:**
- **Relation to Youth**
  - [ ] Mother
  - [ ] Father
  - [ ] Guardian: 
- **Street Address**
- **Occupation**
  - [ ] Full-time
  - [ ] Part-time
- **Home Phone**
- **Cell Phone**
- **Work Phone**
- **Ethnicity**
- **Primary Language**

### Emergency Contact

**In the event of an emergency, if neither parent/guardian can be contacted, who should we call?**

**Contact #1: Name**

- [ ] Relationship
- [ ] Phone Number

**Contact #2: Name**

- [ ] Relationship
- [ ] Phone Number
**Medical Information**

It is important for Corazon Staff to be aware of any medical conditions or allergies your son or daughter may have so that we can try to make appropriate accommodations upon your request. Corazon Community Services will not be held liable for any incidents that occur due to not disclosing any medical conditions or allergies.

Does your son/daughter have any medical conditions or allergies that we should be aware of?

Does your son/daughter take any medications?

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**Medical Insurance Information**

Does your son/daughter currently have medical insurance coverage?

If “yes”, please answer the following:  
[ ] Yes  [ ] No

<table>
<thead>
<tr>
<th>Type of medical insurance:</th>
<th>[ ] Private</th>
<th>[ ] All Kids</th>
<th>[ ] Medicaid</th>
</tr>
</thead>
</table>

Coverage expiration date:  
___ / ___ / ___

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**Medical Consent**

I hereby give my permission to my son/daughter, who is a registered participant of Corazón Community Services, to obtain medical attention in the event of a medical emergency.

<table>
<thead>
<tr>
<th>Parent/Guardian Name</th>
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<table>
<thead>
<tr>
<th>Parent/Guardian Signature</th>
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</table>

Date

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**Photo Release Authorization**

[ ] I hereby give Corazón Community Services the permission to photograph and/or videotape my son/daughter’s participation at Fuerza Youth Center and any other Corazón Community Services events, field trips, etc. Furthermore, those photographs and/or videotape may be used without compensation to me or my son/daughter on my/his/her behalf.

<table>
<thead>
<tr>
<th>Parent Signature</th>
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Date
**Disclosure of Information**

By submitting this registration form, I affirm that the facts set forth in it are true and complete. I understand that my information is kept private and confidential and only disclosed to those staff members directly involved with my son/daughter. Data will be imputed into the eCornerstone database.

<table>
<thead>
<tr>
<th>Parent Signature</th>
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<tr>
<td>Date</td>
<td></td>
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<tr>
<td>Youth Signature</td>
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<tr>
<td>Date</td>
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</tbody>
</table>

**INFORMATION**

Provide your top 3 Colleges/Universities:

1.) __________________________ 3.) __________________________

2.) __________________________

Please list at least 2 References:

1.) Name: __________________________ Phone: ( ) __________________________
   Relationship: __________________________

2.) Name: __________________________ Phone: ( ) __________________________
   Relationship: __________________________

3.) Name: __________________________ Phone: ( ) __________________________
   Relationship: __________________________

Briefly describe your future aspirations: