Community Partners with Youth

2026-27 Elementary School Registration
1900 7th ST NW New Brighton, MN 55112
Phone: 651.633.6464 Email: cpymn@cpymn.org

Youth Legal Names	Date of Birth	Sex at Birth	Gender	Race/Ethnicity AA: African American, A: Asian, B: Black, H/L: Hispanic/Latino, I: Indigenous, M: Mixed, PI: Pacific Islander, W:White, O: Other	School BA: Bel Air, SS: Sunnyside, PL: Pike Lake	Fall 2026 Grade	Qualify for Educational Benefits?
	___/___/____	M F	M F O	AA, A, B, H/L, I, M, PI, W, O			Y N
	___/___/____	M F	M F O	AA, A, B, H/L, I, M, PI, W, O			Y N
	___/___/____	M F	M F O	AA, A, B, H/L, I, M, PI, W, O			Y N
	___/___/____	M F	M F O	AA, A, B, H/L, I, M, PI, W, O			Y N

Address: _____ Apt # _____

City: _____ State: _____ ZIP: _____

PARENT/GUARDIAN YOUTH RESIDES WITH		CONTACT INFORMATION Check the box to opt into CPY's text alert system for program updates, news, and closings	
Name	Relationship to Youth	Cell	Work/Home
		(___) _____ ☐	(___) _____ ☐
		(___) _____ ☐	(___) _____ ☐

EMAIL ADDRESS: by providing an email address you are consenting to being added to our email newsletters, where we send out program updates, news and closings

Is there another adult outside the home with custodial or visitation rights for your child? If yes, please provide their information below as well as any court documentation. ☐ Yes ☐ No

Name	Relationship to Youth	Cell	Work/Home
		(___) _____	(___) _____

EMERGENCY CONTACTS- **Must list 2 other than the guardians listed above.** The following people are authorized to pick up all youth

Name	Relationship to Youth	Cell	Work/Home
		(___) _____	(___) _____
		(___) _____	(___) _____

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Youth Name	Teacher's Name & School	Days Attending CPY:
		M T W TH F
		M T W TH F
		M T W TH F
		M T W TH F

Afterschool Program Payment Options	First Child	Each Additional Child
Regular Program Registration Fee (REQUIRED)	$50/family	N/A
Daily Rate	$10/day	$9/day
Full Monthly Payment	$120/month	$100/month
Full Year's Payment (11% Discount)	$960	$816

Free for those who qualify for Educational Benefits (PROOF REQUIRED). Registration Fee is REQUIRED for all families regardless of Educational Benefits status

If you do not qualify for Educational benefits, there are limited scholarships available. Please contact the office at 651.633.6464 or via email cpymn@cpymn.org for the Scholarship Application and details.

Payments can be made via Check, Cash (in office), or online via the "DONATE" option at www.cpymn.org

CPY Provides:

- Free transportation from Bel Air, Sunnyside and Pike Lake
- Quality programming from trained staff
- Fun and enriching activities including: STEM, Social Emotional Learning, Cooking, Arts and Crafts, Sports and Recreation, Mentoring AND MORE!
- A safe, fun, inclusive environment
- An opportunity to develop friendships
- Daily healthy snacks/meals
- Supplies for all projects
- Fantastic Field Trips
- Girls on the Run, Boys Leadership, and specific mentoring groups available

Transportation home is available for those who reside in the 55112 area. LIMITED SPOTS AVAILABLE.

___ YES, my child needs transportation home from program

MON TUE WED THU FRI

Drop Off Address:

_____

_____

Long Program Days!

We may be offering program on the days that school is out. Program fees required for Long Program Days. A meal and snack will be served and all fieldtrips are included in the Long Program Day fee. We must have a minimum of 15 registered youth per day for us to have programing on these non-school days.

WATCH FOR MORE INFORMATION AS SCHOOL RELEASE DAYS APPROACH!

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Health Information

Family Doctor: _____ Phone: (____)_____

Insurance:_____ Policy/Group No: _____

Immunization--Please attach Immunization Records for each child registered OR indicate the DATE of most recent vaccination OR check for Conscientious/Medical Exemptions

Youth Name: _____	Youth Name: _____
DTP _____	DTP _____
MMR _____	MMR _____
TETANUS _____	TETANUS _____
POLIO _____	POLIO _____
HIB _____	HIB _____
VAR _____	VAR _____
HEP B _____	HEP B _____
HEP A _____	HEP A _____
PCV _____	PCV _____

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DTP _____	DTP _____
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POLIO _____	POLIO _____
HIB _____	HIB _____
VAR _____	VAR _____
HEP B _____	HEP B _____
HEP A _____	HEP A _____
PCV _____	PCV _____

Any child(ren) taking medication? Y N
If **YES**, please list their name(s) and medications

Any child(ren) with allergies/dietary restrictions/special needs? Y N
If **YES,** please list their name(s) as well as what the allergy/dietary restriction/special needs are. NO PORK would be considered a dietary restriction.

Are there any other health/behavioral concerns or information that CPY should be aware of? Y N
If **YES**, please indicate here:

Emergency Medical Consent:
I hereby authorize and give my consent to any dental, optical, or medical care, or surgical procedures to be performed on my child(ren) while enrolled in CPY's school year activities while in the opinion of an attending, duly qualified physician, when said services are deemed necessary or advisable. I consent to the administration of whatever local anesthetics are advisable or deemed necessary. I also authorized and give my consent to the administration of medications as prescribed by a licensed physician to my child while enrolled in CPY if deemed necessary or advisable. It is my understanding that the agency staff will inform me as soon as possible if a medical emergency occurs and attempt to attain my permission prior to any surgical procedure(s). I authorize the CPY Executive Director (or Program Director if Executive Director is unavailable) to provide an authorizing signature when I am unable to be reached and emergency care is warranted.

YES or NO _____ Initials

My signature below indicates that I understand and agree to the following:

- I understand my child(ren) must attend program regularly or their space may be in jeopardy
- Changes to registration information (address, custody agreements, guardian/emergency contact information) must be made in writing either in person at our office or through email to cpymn@cpymn.org
- I agree that should any registration information change I will notify CPY of those changes IMMEDIATELY (no later than 24 hours after the change has been made)
- I understand that should my child(ren) develop any symptoms of illness before or during program, I will have ONE HOUR to pick them up from program. Failure to do so may result in their complete removal from program
- I understand that should my child be involved in a behavior incident that requires them to be picked up from program, I will have ONE HOUR to pick them up or arrange transportation
- **I agree to the terms of the parent handbook**
  - Parent handbooks are given at time of registration or available online at www.cpymn.org

Parent/Guardian Signature: _____ Date: _____

Print Name: _____

COMMUNITY PARTNERS WITH YOUTH BEHAVIOR AND TECHNOLOGY POLICIES

In attending CPY, you are agreeing to abide by the following policies: **Most notably, the strike system is used throughout program, and if a youth receives 3 strikes in a single day they will be removed from program as staff sees fit. Please note this is not an exhaustive list, and can be amended by Directors at any time.**

Safety and Behavior Guidelines
It is essential for all students and staff at Community Partners with Youth to recognize the importance of providing a safe, secure environment for all its participants. To ensure this safe environment, the following basic guidelines are to be followed:
—No dangerous articles (including guns, knives of any sort, laser pointers, heavy chains, or lighters)
—No drugs, alcohol, cigarette smoking, vaping, or related paraphernalia
—Students will restrict themselves to designated Community Partners with Youth areas
—All participants are responsible for their own behavior and are expected to refrain from aggressive acts (including "play fighting") toward peers, self and staff
—Youth are to be respectful, courteous, and considerate of others at all times, communicate in an appropriate manner, refrain from using foul language or gestures, harsh words, slurs, yelling, bullying or harassing others, never jeopardizing health and safety of self or others
—Students will abide by all transportation safety guidelines (wearing seatbelts, not swapping seats, controlling volume etc)
Youth are not permitted to use their cell phones or other electronic devices during program hours—the phone in the office is always available for student or parent use. The phone number is 651.633.6464. We also have multiple google voice numbers if texting is easier, the office number being 651.321.3404

Consequences
We realize that from time to time students may willfully break Community Partners with Youth safety guidelines. In this instance, we believe it is important for students to understand there are consequences for their actions.
These consequences include, but are not limited to:
—Strikes (following the 3 Strike Rule)
—Phone call to parent or guardian
—Required participation in clean-up duties
—Required written apologies
—Temporary removal from program (length of time will vary with offense)
—Not being able to participate in field trip(s)
—Behavior management meeting with youth, parent/guardian, and CPY staff
—Permanent removal from program

Zero Tolerance Policy
At CPY, our goal is to provide a safe, healthy, and fun environment for all youth; as such, we have a zero-tolerance policy for serious behavior infractions, which may result in immediate removal from program, considered on a case-by-case basis.

Ultimately Staff and Directors make the final determination of appropriate consequences for breaking any CPY rules, policies, or safety measures.

The behaviors below are grounds for immediate removal from program for the remainder of the current day and additional days, up to permanent removal from program as deemed necessary by CPY Staff and Director(s).
1. Any behavior that endangers the health and safety of children, staff or others (including repeated events of "play fighting")
2. Leaving the program without permission, or refusing to remain with assigned group
3. Inappropriate touching of other youth or sexual misconduct
4. Theft, defacing or destruction of property belonging to CPY and/or facilities that CPY uses or others
5. Verbal abuse or threats of bodily harm
6. Any kind of physical assault such as hitting, kicking, biting (including "play-fighting")
7. Gang-related activity
8. Possession of weapons, tobacco, vapes, alcohol, marijuana or illegal drugs

Earning 3 strikes in a single day will warrant a phone call home and removal from program for the remainder of the day, or the following day as staff sees fit

- I will keep my cell phone in the backpack room or office during CPY time.
- I will not use wireless headphones (Airpods etc) at CPY
- I will be honest if there is an investigation involving content on my cell phone
- I am aware that repeated cell phone misuse will result in the loss of cell phone privileges, and my phone will need to be turned in to the office daily
- I understand that under Federal Privacy laws the following apps are banned for children under the age of 13 and are not authorized by CPY: Instagram, Snapchat, TikTok, X, Threads and other social media apps.
- I will never use my phone to be disrespectful, inappropriate or offensive to others, or spread materials that are disrespectful, inappropriate or offensive
- I will not use the camera feature on my phone (this includes video calls, recording or photos)
- I will not record audio of staff or other students with my phone
- I understand that to honor the privacy of our community members, my cell phone IS NEVER allowed in bathrooms
- I understand that filming or taking photos of students and staff will result in loss of privileges and possible additional consequences. This includes using a phone to film other students fighting or doing something in appropriate.
- I understand that posting or sharing photos or videos of students and staff will result in loss of privileges and possible additional consequences.
- I understand that if I am asked to turn my phone in due to misuse the following consequences will be upheld:
- **FIRST OFFENSE**: phone is turned in for the day and parent is contacted
- **SECOND OFFENSE:** phone is checked in daily with office staff for the week and parent is contacted
- **THIRD OFFENSE:** parent meeting to discuss long term phone restrictions and plan
- I will only use the Chromebooks when my staff requires it for learning purposes
- If I find someone else is logged in on a device, I will immediately log them out
- I understand that the Chromebooks belong to CPY and are not personal property
- I understand that browsing history, emails, and drive content may be accessed by CPY staff under certain circumstances (your safety or the safety of others)
- I am aware that lost or damaged Chromebook may result in a repair or replacement fee
- I will only use my Chromebook for CPY activity purposes
- I will used wired headphones for academic purposes only when I need to listen to something on my Chromebook
- I understand that certain websites will be blocked to keep everyone safe. I will not intentionally try to get to those blocked sites on the CPY devices.
- I will treat others with kindness and respect when using or communicating with my Chromebook.
- I will use CPY appropriate language on Chromebooks
- I will report anything that is unkind, makes me feel uncomfortable, or asks for my personal information
- I will not share my log in or passwords with others, or log in as another student
- I will not share my personal information with others online.
- I will not remove keys or damage my Chromebook, and will report any damages immediately.
-

Guardian Signature: _____ Date:_____

Guardian Name: _____

Youth Signatures:	Youth Name:
_____	_____
_____	_____
_____	_____
_____	_____

Community Partners With Youth
LIABILITY RELEASE, WAIVER AND ASSUMPTION OF LIABILITY

I AGREE: that in consideration of Community Partners with Youth allowing me and/or my children and/or wards to participate in program activities provided by Community Partners with Youth (the "Activities"), or to be in the vicinity of the Activities, I, for myself and on behalf of my children and/or wards, heirs, administrators, personal representatives or assigns, to the fullest extent permitted by law, do hereby hold harmless, release and discharge Community Partners with Youth, its, agents, employees, officers, directors, representative, assigns, members, owners of premises, affiliated organizations, insurers, and others acting on its behalf (collectively referred to as "Releasees"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to Community Partners with Youth's and/or Releasees' ordinary negligence, active or passive, in connection with the Activities; and I do further agree that except to the extent of any gross negligence or willful and wanton misconduct by Community Partners with Youth and/or Releasees, I shall not bring any claims, demands, legal actions and causes of action against Community Partners With Youth and/or Releasees for any economic or non-economic losses due to illness, bodily injury, death, or property damage sustained by me and/or my minor child and/or ward in relation to the premises, operations of Community Partners with Youth, or the Activities.

I AGREE: that participation in the Activities, or being in the vicinity of the Activities, is voluntary, that the services provided by Community Partners with Youth and/or Releasees in connection with the Activities are available from other providers, and that neither I nor my child and/or ward are required to participate in the Activities or be in the vicinity of the Activities.

I AGREE: that by participating in the Activities or being in the vicinity of the Activities, I, for myself and on behalf of my child and/or ward, assume all known and unknown risks that are inherent in such Activities or being in the vicinity of such Activities.

I AGREE: that if my child and/or ward requires use and administration of an epi-pen, inhaler, prescription or over the counter medication, it is my responsibility to ensure that I have provided Community Partners with Youth with the epi-pen, inhaler, and/or medication. If Community Partners with Youth and/or Releasees are required to administer and use the epi-pen, inhaler, and/or medication, I agree to forever release and discharge Community Partners with Youth and/or Releasees from any and all liability arising out of or resulting from use or administration of the epi-pen, inhaler, and/or medication.

I AGREE: that Releasees have the right to contact emergency medical services, before contacting a parent or guardian, in the event that my child and/or ward is injured and immediate, professional medical care is deemed necessary.

I AGREE: that I or any member of my family will not attend or participate in any Activities within fourteen (14) days of the following:

IF I OR ANYONE IN MY HOUSEHOLD HAS TESTED POSITIVE FOR COVID-19, I AGREE, REPRESENT, AND WARRANT THAT I OR ANYONE FROM MY HOUSEHOLD WILL NOT ATTEND ANY ACTIVITIES UNTIL APPROVAL BY A PHYSICIAN TO RETURN TO ACTIVITY IS OBTAINED;
I OR A MEMBER OF MY HOUSEHOLD HAS A TEMPERATURE OF 100.4 DEGREES OR greater OR A FEVER OR A SENSE OF HAVING A TEMPERATURE OR FEVER IN THE PAST THREE DAYS;
I OR A MEMBER OF MY HOUSEHOLD IS EXHIBITING SYMPTOMS OF COVID-19;
I OR A MEMBER OF MY HOUSEHOLD HAS TRAVELED OUTSIDE THE UNITED STATES OR BEEN ON A CRUISE SHIP OR RIVER BOAT;
I OR A MEMBER OF MY HOUSEHOLD HAVE REASON TO BELIEVE THAT I OR ANY MEMBER OF MY HOUSEHOLD HAS ANY CONTAGIOUS DISEASE OR HAS HAD CLOSE CONTACT WITH A PERSON THAT HAS A CONTAGIOUS DISEASE.
I AGREE: that Community Partners with Youth is not required to provide insurance to cover me or my participating child and/or ward in the event they suffer illness, injury, death, property loss, theft or damage of any sort upon, while participating in Community Partners With Youth Activities.
I AGREE: that the foregoing Liability Release, Waiver, and Assumption of Liability is intended to be as broad and inclusive as is permitted by the laws of the State of Minnesota and that if any portion thereof is held invalid, it is agreed that that balance shall, notwithstanding, continue in full legal force and effect.
I HAVE CAREFULLY READ THIS LIABIILITY RELEASE, WAIVER AND ASSUMPTION OF LIABILITY, AND I AM SIGNING IT FREELY AND VOLUNTARILY AND FURTHER AGREE THAT NO ORAL REPRESENTATION, STATEMENTS OR INDUCEMENT APART FROM THE FOREGOING WRITTEN AGREEMENT HAVE BEEN MADE. I FULLY UNDERSTAND THAT BY SIGNING IT, I AM GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO RECOVER DAMAGES FROM Releasees IN CASE OF ILLNESS, INJURY, DEATH OR PROPERTY LOSS OR DAMAGE, INCLUDING, FOR THE AVOIDANCE OF DOUBT AND WITHOUT LIMITATION, EXPOSURE TO DISEASES AT ANY COMMUNITY PARTNERS WITH YOUTH PROGRAMMED ACTIVITies AND ANY ILLNESS, INJURY OR DEATH RESULTING THEREFROM. I UNDERSTAND THAT THIS DOCUMENT IS A PROMISE NOT TO SUE AND A RELEASE OF AND INDEMNIFICATION FOR ALL CLAIMS.

Signature: _____ Date Signed: _____

Print Name: _____

Print Name of Participants: _____

Community Partners With Youth
CONSENTS

I ACKNOWLEDGE that in connection with program activities provided by Community Partners with Youth (the "Activities"), field trips and other outings may be scheduled, and Community Partners with Youth may arrange for and provide transportation for field trips and outings.

I ACKNOWLEDGE that I am aware of the highly contagious nature of bacterial and viral diseases, including the 2019 novel coronavirus disease ("COVID-19"). I acknowledge that in connection with transportation and other Activities, recommended social distancing may not be possible at all times. I am aware that there is a risk that I or my child and/or ward may be exposed to or contract the COVID-19 by engaging in Community Partners With Youth Activities, which may result in serious illness, injury, disability, death or property damage. I acknowledge that these risks may result from or be compounded by the negligence of Community Partners with Youth employees or others. I understand that Community Partners with Youth cannot guarantee that I or my child and/or ward will not become infected with COVID-19 due to their participation in the Activities. I agree and acknowledge that participating in Community Partners with Youth Activities may involve inherent danger and risk, including, without limitation, the risk of physical illness or injury, death or property damage.

I ACKNOWLEDGE that in connection with the Activities, program leaders, staff or volunteers of Community Partners with Youth may, from time to time, administer epi-pen, inhaler, prescription or over the counter medication or apply sunscreen lotions or insect repellants to participants in the Activities. Medications and products are administered according to the manufacturer's directions unless written instructions for their use are provided by a licensed physician or dentist.

I CONSENT to allow my children and/or wards enrolled in the programs with Community Partners with Youth to participate in field trips and other outings included in the Activities, including transportation provided in connection with the Activities.

I CONSENT that in connection with the Activities, program leaders, staff or volunteers of Community Partners With Youth may administer epi-pen, inhaler, prescription or over the counter medication or apply sunscreen lotions or insect repellants as needed and as described above.

I FURTHER CONSENT to allow my child and/or ward enrolled in the programs with Community Partners with Youth to be photographed during the Activities, and that such photographs may be used in connection with Community Partners with Youth program and promotional materials, including brochures, newsletters, the program's webpage, other social media sites and related uses ("Social Media") without any compensation. I understand that Community Partners with Youth's Social Media is public and is used for promotional, commercial and information purposes. I further understand that Social Media may be visible by third parties unknown to me and to Community Partners with Youth. I understand that I have the right not to consent to my child and/or ward being included on Social Media, and that this consent shall remain in effect until revoked by me in writing and delivered to Community Partners With Youth, though any such revocation shall not affect the inclusion of photographs previously included in Social Media prior to its receipt.

Signature: _____ Date Signed: _____

Print Your Name: _____

Print Name of Participants: _____