



C2 Pipeline Program

Registration Form (Please Print)

Student Attended the Program Last Year

Last Name  First Name  Initial  Suffix

Address  City  Zip Code

Student Phone Number   Cell Phone Email

Birthdate  Grade  School Attending Now

UIC / Student ID #  Transportation:  Walks  Bus  Drives/Picked Up

**Race** (Check all that apply)

White

Black/African American

Asian

Native Hawaiian/Pacific Islander

American Indian/Native American

Other

**Primary Language**

English

Spanish

Other

**Bilingual**

Yes

No

**Gender**

Male  Female  Other

Student has access to technology/Internet:

Yes  No

**Student Lunch Pricing** (Check One)

Receives Free Lunch

Pays Reduced Price for Lunch

Pays Full Price for Lunch

**Ethnicity**

Hispanic or Latino

Arab or Middle Eastern

**Medical Information:**

Are there any medical reasons/disabilities that prevent your child from participating in certain physical activities?  Yes (List Below)  No  Allergies

**Health Insurance**

State Funded Program

Other:

None

Health Ins. Policy/ID Number

Hospital Preferred for Treatment

**Must be signed by Parent/Guardian**

I hereby give permission for the above student to take part in the Wayne State University C2 Pipeline ("Program") activities, which may include off-campus events, academic assistance, college/career and group counseling, continuing education, recreational programming. If a medical emergency arises, I understand Program staff will secure emergency medical and or emergency surgical treatment for my enrolled child. I understand that I will be responsible for any emergency transportation charges and medical expenses incurred.

I voluntarily give my consent to Wayne State University and those acting to their authority on behalf of the Wayne State University C2 Pipeline Program to record my child's participation and appearance on video tape, audio tape, film, photograph or any other medium during program activities. Any recording/photo or tape may be used by Wayne State University for education and public relations purposes which may include social media or public access websites. I further give my consent for my child's school to share the student's academic records with the Wayne State University C2 Pipeline Program for purposes of providing educational support and assistance. In addition, I understand that Wayne State University will use participant records only to evaluate my child's individual progress and improvement, as well as to evaluate the impact of the program on my child's achievement and to obtain continued funding for the program.

I hereby certify that I have read and do understand the above information, the program rules, and I agree to them.

Signed By \_\_\_\_\_

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

**Primary Parent or Guardian Information - Primary Emergency Contact**

Lives with student

Authorized to pick up student

Last Name  First Name  Initial  Suffix

Address  City  Zip Code

Phone Number   Cell Phone Email

**Preferred Method of Contact:**  Email

Cell Phone

Text Message

**Relationship to Student**

- Biological or Adopted Mother
- Biological or Adopted Father
- Foster Parent
- Grandparent
- Legal Guardian
- Stepfather
- Stepmother
- Other

**Level of Education: (Check One)**

- Less than High School
- High School or GED
- Trade or Vocational School
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Ph.D., J.D., M.D.
- Other

**Employment: (Check One)**

- Full-Time
- Part-Time
- Not Working
- On Disability
- Retired
- Other

**Marital Status (Check One)**

- Married
- Divorced
- Separated
- Single
- Widowed
- Other

Occupation

**Secondary Parent or Guardian Information - Secondary Emergency Contact**

Lives with student

Authorized to pick up student

Last Name  First Name  Initial  Suffix

Address  City  Zip Code

Phone Number   Cell Phone Email

**Preferred Method of Contact:**  Email

Cell Phone

Text Message

**Relationship to Student**

- Biological or Adopted Mother
- Biological or Adopted Father
- Foster Parent
- Grandparent
- Legal Guardian
- Stepfather
- Stepmother
- Other

**Level of Education: (Check One)**

- Less than High School
- High School or GED
- Trade or Vocational School
- Associate's Degree
- Bachelor's Degree
- Master's Degree
- Ph.D., J.D., M.D.
- Other

**Employment: (Check One)**

- Full-Time
- Part-Time
- Not Working
- On Disability
- Retired
- Other

**Marital Status (Check One)**

- Married
- Divorced
- Separated
- Single
- Widowed
- Other

Occupation

**Additional Emergency Contacts**

Name  Phone  Relationship

Name  Phone  Relationship

Name  Phone  Relationship

**List Any Persons Who Are Not Allowed Contact With Student (if any)**

Name  Relationship

I would like to be contacted about volunteer opportunities. Please contact me via:

Phone

Text Message

Email