



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

<p>Race (Check all that apply)</p> <p><input type="checkbox"/> White</p> <p><input type="checkbox"/> Black/African American</p> <p><input type="checkbox"/> Asian</p> <p><input type="checkbox"/> Native Hawaiian/Pacific Islander</p> <p><input type="checkbox"/> American Indian/Native American</p> <p><input type="checkbox"/> Other <input type="text"/></p>	<p>Primary Language</p> <p><input type="checkbox"/> English</p> <p><input type="checkbox"/> Spanish</p> <p><input type="checkbox"/> Other <input type="text"/></p> <p>Bilingual</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p>Gender</p> <p><input type="checkbox"/> Male</p> <p><input type="checkbox"/> Female <input type="checkbox"/> Other</p> <p>School Lunch Pricing (Check One)</p> <p><input type="checkbox"/> Receives Free Lunch</p> <p><input type="checkbox"/> Pays Reduced Price for Lunch</p> <p><input type="checkbox"/> Pays Full Price for Lunch</p>
<p>Ethnicity</p> <p><input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Arab or Middle Eastern</p>	<p>Medical Information: Are there any medical reasons/disabilities that prevent your child from participating in certain physical activities? <input type="checkbox"/> Yes (List Below) <input type="checkbox"/> No <input type="checkbox"/> Allergies</p>	
<p>Health Insurance</p> <p><input type="checkbox"/> State Funded Program</p> <p><input type="checkbox"/> Other: <input type="text"/></p> <p><input type="checkbox"/> None</p>	<p>Policy/ID Number <input type="text"/></p> <p>Hospital Preferred for Treatment <input type="text"/></p>	

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, continuing education, and 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

Occupation

Marital Status (Check One)

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

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

Occupation

Marital Status (Check One)

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

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