

Utah Neighborhood Connection

2024-2025 Registration Form



Child Information

Child's Name: _____
(First & Last)

Who does the child live with: _____

Child's Address: _____
(Including Apartment or Unit #s)

City: _____ Zip: _____

Your child's hobbies and/or special interests:

Date of Birth: _____

Age: _____

Sex: _____

Child's Cell Phone: _____

Current School: _____

SIS#: _____
(Student Information System Number)

Password: _____

Grade (If applying in the Summer, put the coming school year): _____

Parent/Guardian Information

Child's Legal Guardian:
 Mother Father Other: _____

Parent/Guardian Name (1): _____
(First & Last)

Place of Employment: _____

Home Address: _____
(Including Apartment or Unit#s)

City: _____ Zip: _____

Parent/Guardian Name (2): _____
(First & Last)

Place of Employment: _____

Home Address: _____
(Including Apartment or Unit#s)

City: _____ Zip: _____

Relationship: _____

Date of Birth: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Relationship: _____

Date of Birth: _____

Cell Phone: _____

Work Phone: _____

Email: _____

Personal and Medical Information, Authorization to treat and/or Transport, and Authorization to Release to other Agencies.

Participant: _____

(First & Last Name)

Please list any of the child's food allergies:

Please list any medical concerns and medications:

Emergency Contacts:

Name: _____

Relationship: _____ Phone

Number: _____

Name: _____

Relationship: _____ Phone

Number: _____

Name: _____

Relationship: _____ Phone

Number: _____

In the event of an emergency, the parent/guardian and/or emergency contacts) will be notified as soon as possible. No diagnosis, treatment, or care will be withheld if a parent/guardian or other responsible person cannot be reached.

Participant has adequate health insurance to cover the costs of treatment in the event of any illness or injury as follows:

Carrier: _____

U.N.C. cannot administer ANY medication, including over-the-counter medications such as aspirin or eye drops. If the participant needs medication it will have to be taken prior to entering the facility and be administered by a health professional or parent/guardian.

In the event of an emergency, I hereby give permission to transport the Participant to a hospital for emergency medical or surgical treatment.

U.N.C. and its employees and agents will not release or disclose any personal information contained in this Release, except to such program staff and third-party agency partners as are necessary to comply with the information provided above, and to such medical personnel as are necessary to obtain medical treatment for the participant.

The information provided in this Release is correct to the best of my knowledge. I understand that in signing this document, I authorize verification of this information through communication with any person or organization named herein. I release from liability U.N.C. and any person or organization which provides such information. In the event of any changes in the above information, I will provide it to U.N.C. and program staff in writing.

Parent or Legal Guardian Signature

Date

Demographics Information

Participants Ethnicity

- Hispanic/Latino
- African-American
- Asian-American
- White Non-Hispanic
- American Indian/Alaskan Native
- Native Hawaiian/Pacific Islander
- Mixed Ethnicity
- Other
- Unknown Ethnicity

Gross Annual Income of Household

- \$0 - \$10,147
- \$10,148 - \$20,147
- \$20,148 - \$27,215
- \$27,215 - \$34,281
- \$34,282 - \$41,348
- \$41,349 - \$48,415
- \$48,416 - \$55,482
- \$55,483 - \$62,549
- \$62,550 - \$69,616
- \$69,617 - and up

Primary Language Spoken in Household

- English
- English as a second language
- Spanish
- Other: _____

Specific Information of Registering Participant

- Is this a single-parent household?
___ Yes ___ No
- Parent of Guardian's highest level of education completed: _____

- Number of adults living in household: _____
- Number of children under the age of 18 living in household: _____
- Years lived at current residence: _____
- Are there any Legal Contact/Visitation Restrictions in place?

*The information provided on this page is vital to our efforts in **maintaining a cost free tuition**. This specific information allows for us to obtain grants and funding from entities that require such information. Your child's name, nor your name, will ever be attached to these statistics publicly.*

Thank you for your support.