



## 2019-2020 Registration

### How to Register:

Thank you for your interest in the St. Luke Teen Center! Our program focuses on academic support, post-secondary development, health and wellness, and family support services.

Upon receipt of your application and \$50 registration fee, our staff will review and determine eligibility, follow up with any questions and will inform you about the status of your student's application via parent email. If your family has financial need for a scholarship to cover the application fee, please email [abbey@stlukeumc.com](mailto:abbey@stlukeumc.com) for more information.

\*Only an application is required for Nebraska Methodist College Upward Bound Program participants (no fee).

### Student Information

Name of Student: \_\_\_\_\_  
Last First

Permanent Home Address: \_\_\_\_\_  
Street City State Zip

Student Cell Phone: \_\_\_\_\_ Student Email Address: \_\_\_\_\_

Do we have permission to contact your student via phone or email regarding programming?  Yes  No

Do you consider yourself to be:  DACA  Immigrant/Refugee  LGBTQ  ESL learner  Free/Reduced lunch  Foster Care

Do you have an Individualized Educational Plan (IEP) at school?  Yes  No

Please provide details about IEP: \_\_\_\_\_

Do you ride the bus to or from school?  Yes  No

Preferred pronoun:  She/Her/Hers  He/Him//His  They/Them/Theirs  Other: \_\_\_\_\_

### Financial Information

Please check the amount that reflects your family's taxable income: (Taxable income is the amount listed on line 43 on the IRS 1040form, line 27 on the 1040A, or line 6 on the 1040EZ).

- No income
- \$1 - \$5,000
- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 and over

Total number of people in your household: (including yourself) \_\_\_\_\_

**Contact Information**

Student lives with:  Father  Mother  Both  Other: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary household language: \_\_\_\_\_ Do parents/guardians require interpretation services?  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_ Did you graduate from a 4-year college?  Yes  No

Second Parent Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_

Permanent Home Address: \_\_\_\_\_  
Street City State Zip

Email address: \_\_\_\_\_ Did you graduate from a 4-year college?  Yes  No

**\*If neither parent can be reached, who should we contact?** Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Medical Information**

Please list **ALL** medications (including over-the-counter or non-prescription drugs) that the student takes. Students must keep all prescribed medication in the original bottle with the prescribing physicians name and phone number.

**Med #1** Name \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**Med #2** Name \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking: \_\_\_\_\_

**Med #3** Name \_\_\_\_\_ Dosage \_\_\_\_\_

Reason for taking: \_\_\_\_\_

Please list any allergies that Teen Center staff should be aware of. (List all known – continue on back if needed)

**Allergies:** (Medication, Food, Insects, etc.)

**Describe reaction and treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other information that would help us best serve your student: \_\_\_\_\_

\_\_\_\_\_

## Waiver and Release

I hereby authorize St. Luke Teen Center staff to consent to any emergency care for my daughter/son resulting from an accident or illness. I agree to pay all medical expenses incurred by handling of the emergency care not covered by insurance. I understand that my daughter/son will be taken to a hospital in the event that emergency treatment is required and that Teen Center staff will notify me immediately.

I hereby authorize St. Luke Teen Center staff to survey and/or interview my child. I understand that the purpose of these surveys and interviews are to help find out how well the St. Luke Teen Center is meeting my child's needs and identify areas which may call for further attention.

I hereby authorize my child to access the internet while at the St. Luke Teen Center.

I hereby authorize my child to participate in all programming at the St. Luke Teen Center. I understand that St. Luke Teen Center programming covers sexual decision making, mental health awareness, world issues, bullying, and other sensitive topics.

I hereby authorize St. Luke Teen Center and their partners the irrevocable right and permission, throughout the world, in connection with the photographs he, she, or they had taken of me or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotion and advertising uses, social media, and other trade purposed, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof. I hereby forever release and discharge Photographer or Agency from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licenses and legal representatives of Photographer or Agency, as well as the party(ies) for whom he/they took said photographs.

Teen Center closes at 6:00 PM on days programming is offered. We ask that all students who are not riding the bus be picked up no later than 6:00 PM. St. Luke Teen Center and staff are not liable or responsible for any students who are still waiting for a ride once the Teen Center has closed.

I/We, on behalf of myself and my minor child, agree to forever release, hold harmless and indemnify St. Luke United Methodist Church/St. Luke Teen Center, their employees, officers and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in St. Luke Teen Center's programs or activities. I understand that the Teen Center often takes participants off-site and that this Waiver applies to all field trips, excursions, and any and all other off-site activities, regardless of where the programs or activities take place.

I/We give permission for our son/daughter to participate in all after school activities, and do forever release St. Luke United Methodist Church/St. Luke Teen Center and its teachers, staff, volunteers and agents from any and all actions, all known and unknown personal injuries or property damage of said minor arising out of said activities, and also all claims or right of action for damages which said minor has or hereafter may acquire.

### **OPTIONAL CONSENTS (Please check box to grant consent/permission):**

If needed, I hereby authorize my child to ride in a staff's car. All staff have valid driver's licenses and insurance.

**By signing this Agreement, I/we acknowledge that we have read and understand this document and accept the risk and responsibility of participation.**

\_\_\_\_\_  
Signature of Student

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

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

\_\_\_\_\_  
Date

