



# Wayne State University C<sup>2</sup> Pipeline Program Registration Form



\*\*\*\* PLEASE PRINT \*\*\*\*

**OFFICE USE ONLY**  
Staff Signature:  
Date Entered:

Student attended this program last year

Student Last Name  Mid. Initial  Student First Name  Phone Number

Street Address  City  State  Zip Code  County

Age  Birth Date

Gender  
 Female  Male

Grade

Race

- White
- Black or African American
- Asian
- Native Hawaiian or Pacific Islander
- American Indian or Native American
- Other

*Check all that apply.*

School Attending Now

Student District ID#/ State UIC

Transportation From School

- Walks
- Bus
- Picked Up

Lunch Pricing

Student pays...

- Free
- Reduced
- Full

*(Check one)*

Primary Language

English  Spanish Other \_\_\_\_\_

Bilingual  Yes  No

I am interested in the program because:

Student Email Address

**MEDICAL INFORMATION:** *(Parent or Guardian is responsible for notifying staff of any medical changes.)*

Is your child in good health?  No  Yes

Are there any medical reasons or disabilities that prevent the student from participating in certain physical activities?

No  Yes *(explain in box below)*

*Include medications, special needs, allergies or anything else that the program staff should know about.*

Health Insurance

- State Funded Program
- Other: \_\_\_\_\_
- None

Policy/ID Number

Hospital Preferred for Treatment

# Wayne State University C<sup>2</sup> Pipeline Program Registration Form

\*\*\*\* PLEASE PRINT \*\*\*\*

## Primary Parent or Guardian Information – Primary Emergency Contact

\*Lives with student:

\*Authorized to pick up student

Last Name

First Name

Street Address

City

State

Zip Code

Phone Number

Email Address

Occupation

Work Phone Number

Preferred Method of Contact:

- Cell Phone
- Text Message
- Email

Relationship to Student:

- Biological or adopted mother
- Biological or adopted father
- Foster Parent
- Grandparent
- Legal guardian
- Stepfather
- Stepmother
- Other \_\_\_\_\_

*Check one or write in other*

Marital Status:

- Divorced
- Married
- Separated
- Single
- Widowed

*Check one*

Employment:

- Full-time
- Not working
- On disability
- Part-time
- Retired

Other \_\_\_\_\_  
*Check one or write in other*

Level of Education:

- 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 \_\_\_\_\_  
*Check one or write in other*

## Second Parent or Guardian Information – Second Emergency Contact

\*Lives with student:

\*Authorized to pick up student

Last Name

First Name

Street Address

City

State

Zip Code

Phone Number

Email Address

Occupation

Phone (Emp./School)

Preferred Method of Contact:

- Cell Phone
- Text Message
- Email

Relationship to Student:

- Biological or adopted mother
- Biological or adopted father
- Foster Parent
- Grandparent
- Legal guardian
- Stepfather
- Stepmother
- Other \_\_\_\_\_

*Check one or write in other*

Marital Status:

- Divorced
- Married
- Separated
- Single
- Widowed

*Check one*

Employment:

- Full-time
- Not working
- On disability
- Part-time
- Retired

Other \_\_\_\_\_  
*Check one or write in other*

Level of Education:

- 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 \_\_\_\_\_  
*Check one or write in other*

# Wayne State University C<sup>2</sup> Pipeline Program Registration Form

\*\*\*\* PLEASE PRINT \*\*\*\*

**EMERGENCY CONTACTS:** *(Emergency contacts are authorized to pick up students. Should be local)*

**Additional Emergency Contact Information**

Last Name	First Name	Relationship to Student		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Additional Emergency Contact Information**

Last Name	First Name	Relationship to Student		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**ADULTS AUTHORIZED TO PICK-UP STUDENT:**

Fill out the section(s) below to list adults authorized to pick the student up from C2 Pipeline classes and activities. These adults also may be contacted in case of emergency.

**Additional Adult Authorized to pick up student**

Last Name	First Name	Relationship to Student		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

**Additional Adult Authorized to pick up student**

Last Name	First Name	Relationship to Student		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Street Address	City	State	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Work Phone	Mobile Phone	Email Address	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Wayne State University  
**C<sup>2</sup> Pipeline Program**  
Registration Form

**Parent/Guardian Permission for C<sup>2</sup> Pipeline Activities**

**\*\*\* PLEASE READ CAREFULLY \*\*\***

**Must be signed by Parent/Guardian for students 18 and under**

I hereby give permission for the student(s) to take part in the Wayne State University C<sup>2</sup> Pipeline activities, which may include off-site 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(ren). I know that I will be responsible for any emergency transportation charges and medical expenses incurred.

I give my consent to the Wayne State University C<sup>2</sup> Pipeline programs to take the student's photograph/video during program activities, to be used 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 records with the Wayne State University C<sup>2</sup> Pipeline program for purposes of providing educational support and assistance. In addition, I understand that they will use participant records to evaluate individual progress and improvement, as well as to evaluate the impact of the program on student 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.

Parent/Guardian: Print Name \_\_\_\_\_

Parent/Guardian: Signed Name \_\_\_\_\_

Date \_\_\_\_\_

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

Cell Phone

Text Message

Email