



# U P L I N K

UNITING PEER LEARNING, INTEGRATING NEW KNOWLEDGE  
Registration, Release and Emergency Contact Information

## STUDENT INFORMATION

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Child's Last Name:  Child's First Name:  Middle Initial:   
Date of Birth:  Email Address:  Grade:  Sex(Circle One):  /

School:  Circle Days Attending:

## FAMILY INFORMATION

Mother's / Legal Guardian's Name:  Father's / Legal Guardian's Name:

Mother's Legal Guardian Mailing Address:  Father's Legal Guardian Mailing Address:

City:  Zip Code:  City:  Zip Code:

Mother's/Legal Guardian's Email Address:  Father's/Legal Guardian's Email Address:

Mother's/ Legal Guardian's Phone Number:  Father's/ Legal Guardian's Phone Number:

## EMERGENCY INFORMATION

Emergency Contact	Relationship	Phone Number
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## CONSENT OF RELEASE

How will your child go home from UPLINK ?

UPLINK Bus (if Available)    
Car Pick-up    
Walk    
Other (specify below)

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Completed Registration Received  Date: \_\_\_\_\_  
Received By: \_\_\_\_\_



# STUDENT PICK-UP LISTING FORM

Please list below the family members/friends who you authorize to pick up your child from program

STUDENT'S NAME: \_\_\_\_\_

Name	Relationship to Child	Phone Number	First Time ID Confirmation SC Initial

In the event of an emergency, you can authorize by phone, a non-listed person to pick up your child using an 'emergency' word

Please indicate below the emergency word you would like to use. It can be a word, name, a number code etc. If a non-listed person attempts to pick up your child, we will call you and ask for this 'emergency' word. We will not release your child to an unlisted person without this 'emergency' word. PLEASE DO NOT SHARE THIS EMERGENCY WORD WITH YOUR CHILD OR ANYONE OTHER THAN THE PARENTS OR GUARDIANS LISTED ON THE ASAS REGISTRATION FORM

MY EMERGENCY WORD IS: \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_