



# Mini UP Application

Kokomo Urban Outreach

1701 S. Locke St.

Kokomo, IN 46902

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Name \_\_\_\_\_

Nickname \_\_\_\_\_

Address \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent's Name \_\_\_\_\_

Parent's Phone Number \_\_\_\_\_

Is there anything we should know about your child that would help us to work with her/ him better? \_\_\_\_\_

use back if needed.

I understand every effort will be made to reach me if my child is hurt. I do give permission to have my child treated if injured or becomes ill. I understand that my child will be working and need to be transported from place to place. I give Kokomo Urban Outreach permission for my child to ride with KUO staff and volunteers.

It is ok for my child to be photographed for publicity purposes.

Periodically, the UP™ staff visits the schools. Some schools require a signed permission slip by the parent or guardian. Please sign below if you authorize UP™ staff to visit your child at his school.

I will support my son to the very best of my abilities and will do my best to participate in the activities of MiniUP™

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date