



## UP™ Registration

*This form will enable you to work and being a member of the UP™ program with access to Work, Services and the UP™ Building.*

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***"Helping young people to transition successfully into adulthood***

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### ***Tell us about yourself***

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Guardian's Phone Number \_\_\_\_\_ Your Phone number \_\_\_\_\_

Birthdate \_\_\_\_\_ What grade are you in? \_\_\_\_\_

Name of School \_\_\_\_\_

What grade do you mostly get? \_\_\_\_\_

Do you live in Public Housing? \_\_\_\_\_ Which one? \_\_\_\_\_

Are you: Black, Hispanic, Bi-Racial, White or Other \_\_\_\_\_

Have you been arrested? \_\_\_\_\_ Reason? \_\_\_\_\_

**Circle anything in this list that is true for you (this is confidential and we will not judge, it is to help us help you) :**

I have ADHD

I have Oppositional Defiant Disorder

I am bipolar

I have been depressed

I have anger issues

I smoke cigarettes

I have tried drugs

I am late for school a lot

I am absent from school a lot

I have trouble with grades

I have runaway before

I am sexually active

I have been in jail

I am a winner

Don't get along with my parents

I have been bullied

My father is a part of my life

My mother is a part of my life

I believe in God

I have a child

I am a loser

## Other Information

UP™ Member's name \_\_\_\_\_

Parent or Guardian's name \_\_\_\_\_

Parent Phone Number \_\_\_\_\_

Do you have a disability that we need to keep in mind while your child works? \_\_\_\_\_

What is it? \_\_\_\_\_

Are you allergic to anything? \_\_\_\_\_ What? \_\_\_\_\_

Do you take medicine? \_\_\_\_\_ What kind? \_\_\_\_\_

Where there be a need to take medicine while working (i.e. Inhaler) \_\_\_\_\_

**Preferred Hospital:** St. Vincent or Community Howard (circle one)

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

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

**Partnership with the School:** School is a very important part of becoming a successful adult. KUO's UP™ Programs partner with schools in the greater Kokomo Area. We help by tutoring, monitoring attendance, help with disciplinary issues and watch grades. By signing here you give KUO's UP™ Staff to work with your child in school as well as have access to school information listed above.

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

**Up Permission to travel etc.:** I understand that my child will be working and need to be transported from Guardian place to place. I give Kokomo Urban Outreach's UP™ Program Staff and Volunteers permission to transport my child. I understand that my child must attend Wednesday Huddle Meeting to work. I give my permission for pictures of my child to be taken for publicity purposes.

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