



# Whitney Young Jr. Academy Registration Form

## STUDENT INFO:

Please print. All information must be filled in.

First Name / Middle Initial / Last Name

Address (Street / City / State / Zip)

E-mail

Student ID

GPA

Home Phone

Cell Phone

Birthdate (MM/DD/YYYY)

Gender

Age

Race

- BLACK
  HISPANIC
  WHITE
  ASIAN
  NATIVE AMERICAN
  PACIFIC ISLANDER
  OTHER

Shirt size

- XS
  S
  M
  L
  XL
  XXL
  OTHER

High School

Grade Level (If form is submitted between Aug. - April: indicate current level.  
If form is submitted between May - July: indicate upcoming grade level.)

What language is spoken in your home?

Does your household have an internet connection?

- Y  N

If you are employed, where do you work?

- YOUTH ATTENDANCE NAVIGATORS
  STEP UP OMAHA  
 PROJECT READY
  SCHOLARSHIP  
 COMMUNITY COACHES
  S.T.E.A.M.

What other Urban League of Nebraska programs do you, or have you participated in?

What other community programs do you participate in? (Avenue Scholars, Talent Search, Upward Bound, Nebraska College Preparatory, etc)

What is your Facebook name (if you have one)?

What is your Twitter name (if you have one)?

What is your Instagram name (if you have one)?

## GUARDIAN INFO:

First Name / Middle Initial / Last Name

Relationship to youth

Cell Phone

Work Phone

E-mail

Household Income

- Under \$10k
  \$10K-\$19k
  \$20K-\$29k
  \$30K-\$39k
  \$40K-\$49k  
 \$49K-\$50k
  \$50k-\$59k
  \$60k+

Does your child receive free or reduce lunch?

- Y  N

Will your child be the first to go to college in your family?

- Y  N

Is your child in foster care?

- Y  N

Do you receive government assistance?

- Y  N

# EMERGENCY CONTACT INFO:

In case of an emergency, we should contact the following person(s) if the parents cannot be reached. Please list the names in order of whom you would like us to call.

1.) \_\_\_\_\_  
First Name / Middle Initial / Last Name Relationship to youth

\_\_\_\_\_

Cell Phone Work Phone E-mail

2.) \_\_\_\_\_  
First Name / Middle Initial / Last Name Relationship to youth

\_\_\_\_\_

Cell Phone Work Phone E-mail

# GENERAL HEALTH QUESTIONS:

\_\_\_\_\_

Allergies (if any)

\_\_\_\_\_

Medication (if any) Possible side effects

\_\_\_\_\_

Family Doctor Insurance Policy Number Insurance Phone

Any activities child should NOT engage in?

# SCHOOL, MEDIA, RECORD RELEASE:

School, Media, and Record Release and STEAM Agreement:  
"I hereby consent to the release of my/ my child's records including, but not limited to, transcripts, grade reports, test scores, attendance records, and court recommendations and other information in regards to his/her/my participation in the Whitney Young, Jr. Academy for the duration that he or she is enrolled in the Omaha Public Schools. I hereby give the Urban League of Nebraska and the Whitney Young, Jr. Academy consent to use pictures/images (still or in motion) of me/my child for the use of the Urban League of Nebraska's Marketing & Public Relation materials. We acknowledge that the images will be the sole property of the Urban League of Nebraska. The information in this application is completed and true to the best of my knowledge. I also give consent for my child/student to participate in all of the ULN's sponsored activities, including all field trips (which includes both walking and vehicle transportation.) In the event that medical treatment is required, and neither guardian nor emergency contact can be reached, I give authorization to the staff to obtain necessary and adequate medical treatment for my child. If any medical fees are involved, I will take sole responsibility of any financial matters which the Urban League of Nebraska will not be responsible for. I hereby release and hold harmless the Urban League of Nebraska, its employees, and agents from actions arising from the Whitney Young Jr. Girls STEAM Academy.  
My daughter has my permission to attend the Urban League of Nebraska's Girl's STEAM Academy!

\_\_\_\_\_

Parent/Guardian Signature Name (print or type) Date

## Whitney Young Jr. Girl's STEAM Academy

SECTION REQUIRED FOR SUMMER STEAM ACADEMY PARTICIPANTS ONLY

You'll have the opportunity to shadow a professional in a STEAM career. In which company / area are you most interested?  SCIENCE (includes health professions)

TECHNOLOGY  ENGINEERING  ARTS / AGRICULTURE  MATHEMATICS

List your top 3 career choices:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

List your top 3 colleges:

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

**SUBMIT FORM:  
DUE 05/10/2019**

Return registration to Jeffrey Williams:  
Urban League of Nebraska, 3040 Lake St, Omaha, NE 68111  
FAX: (402)451-1342 or E-mail: jeffrey.williams@urbanleagueneb.org