



2018/2019 REGISTRATION/CONSENT FORM

SPONSORED BY GRACE UNITED METHODIST CHURCH @

320.243.9663

FULL NAME _____

Preferred Name _____ GRADE _____

Date of Birth _____ Youth Cell Phone _____

Street Address _____ CITY/STATE _____

Youth Email Address _____

Allergies/Special Needs _____

Tutoring Needs _____

_____ Uzone staff may contact my student's teachers regarding their academic progress and needs or ask. (please initial)

Specific needs/focus: _____

Father's Full Name _____

Address (only if different from child) _____

Primary Phone _____ Email Address _____

Address _____

Mother's Full Name _____

Address (only if different from child) _____

Primary Phone _____ Email Address _____

- (Non-Parent) Emergency Contact -

Name _____ Primary Phone _____

Relationship to Youth _____

I do not want any photos/videos of my child published in any media form.

I, the undersigned parent or guardian hereby authorize emergency medical, dental, health or hospital services be rendered to my child upon consent of a Uzone staff member or designated volunteer. The purpose of this authorization is to permit my child to receive emergency medical attention when needed while involved in the activities connected with Uzone programs when I or my emergency contact is unavailable to give such consent. I also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in any activity sponsored by Uzone.

Signature of Parent or Guardian _____ Date: _____

UZONE EXPECTATIONS!

❖ TELL THE TRUTH

❖ RESPECT THOSE AROUND YOU

- NO YELLING
- NO HITTING; NO KICKING
- NO NAME-CALLING; NO PUT-DOWNS

❖ RESPECT THE PROPERTY AROUND YOU

- KEEP IT CLEAN
- BE GENTLE WITH BOOKS, ELECTRONICS & EQUIPMENT

❖ NO PHONES FROM 3:15-4:30

- IT'S WAY EASIER FOR EVERYONE TO GET HOMEWORK DONE WITHOUT THE DISTRACTION OF PHONES!
- CELL PHONES OR ELECTRONICS USE ARE PROHIBITED UPSTAIRS DURING UZONE OPERATION HOURS FROM 3:15 – 5:30 PM
- IF YOU NEED TO GET IN CONTACT WITH YOUR STUDENT DURING OPERATING HOURS AT THE UZONE, YOU MAY REACH THEM AT 320.243.9663

❖ CHROMEBOOKS MUST BE USED IN THE HOMEWORK ROOM DURING HOMEWORK TIME

- FROM 3:15-4:30, CHROMEBOOKS MAY **ONLY** BE USED IN THE HOMEWORK ROOM. AFTER 4:30, THEY CAN BE USED IN ANY ROOM, OTHER THAN UPSTAIRS, THAT A TUTOR IS PRESENT.

❖ THE UZONE IS OPEN FROM 3:15-5:30.

- PLEASE BE PICKED UP BY 5:30! YOUR TUTORS WOULD LOVE TO GET HOME TO THEIR FAMILIES 😊

❖ FREE SNACKS RULE!

- YOU MAY DO ONE CHORE PER WEEK TO RECEIVE ONE FREE SNACK WORTH \$.25. YOU MUST SIGN YOUR NAME ON THE CHORE SHEET!
- ANY TIME DURING YOUR BIRTHDAY MONTH, YOU MAY GET ONE FREE SNACK WORTH \$.25. YOU MUST SIGN THE BIRTHDAY SNACK SHEET!

I have read and agree to respect the Expectations while I am at the Uzone. I agree if I am unable to respect the Expectations, after 3 warnings, I will be asked to leave the Uzone. *Any acts deemed harmful by the staff may result in immediate dismissal.* I agree that I may only be able to return to the Uzone when I have made a written plan with a Uzone Site Manager or parent on how I can respect the Expectations while at the Uzone.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____