



2018-2019 Application

How to Apply:

Thank you for your interest in the St. Luke Teen Center! Our program focuses on academic support, post-secondary development, health and wellness, and family support services.

Upon receipt of your application and \$50 application fee, our staff will review and determine eligibility, follow up with any questions and will inform you about the status of your student's application via parent email. If your family has financial need for a scholarship to cover the application fee, please email jalisa@stlukeumc.com for more information.

*Only an application is required for Nebraska Methodist College Upward Bound Program participants (no fee).

Student Information

Name of Student: _____
Last First

Permanent Home Address: _____
Street City State Zip

Student Cell Phone: _____ Student Email Address: _____

Do we have permission to contact your student via phone or email regarding programming? Yes No

Do you consider yourself to be: DACA Immigrant/Refugee LGBTQ ESL learner Free/Reduced lunch Foster Care

Do you have an Individualized Educational Plan (IEP) at school? Yes No

Please provide details about IEP: _____

Do you ride the bus to or from school? Yes No

Preferred pronoun: She/Her/Hers He/Him//His They/Them/Theirs Other: _____

Financial Information

Please check the amount that reflects your family's taxable income: (Taxable income is the amount listed on line 43 on the IRS 1040form, line 27 on the 1040A, or line 6 on the 1040EZ).

- No income
- \$1 - \$5,000
- \$5,000 - \$9,999
- \$10,000 - \$19,999
- \$20,000 - \$29,999
- \$30,000 - \$39,999
- \$40,000 - \$49,999
- \$50,000 - \$59,999
- \$60,000 and over

Total number of people in your household: (including yourself) _____

Contact Information

Student lives with: Father Mother Both Other: _____ Relationship: _____

Primary household language: _____ Do parents/guardians require interpretation services? Yes No

Parent Name: _____ Home Phone: _____ Work Phone: _____

Permanent Home Address: _____
Street City State Zip

Email address: _____ Did you graduate from a 4-year college? Yes No

Second Parent Name: _____ Home Phone: _____ Work: _____

Permanent Home Address: _____
Street City State Zip

Email address: _____ Did you graduate from a 4-year college? Yes No

If neither parent can be reached, who should we contact? Name: _____

Relationship to Student: _____ Phone: _____ Alternate Phone: _____

Medical Information

Please list **ALL** medications (including over-the-counter or non-prescription drugs) that the student takes. Students must keep all prescribed medication in the original bottle with the prescribing physicians name and phone number.

Med #1 Name _____ Dosage _____

Reason for taking: _____

Med #2 Name _____ Dosage _____

Reason for taking: _____

Med #3 Name _____ Dosage _____

Reason for taking: _____

Please list any allergies that Teen Center staff should be aware of. (List all known – continue on back if needed)

Allergies: (Medication, Food, Insects, etc.)

Describe reaction and treatment:

Please list any other health issues or concerns that staff should be aware of: _____

Waiver and Release

I hereby authorize St. Luke Teen Center staff to consent to any emergency care for my daughter/son resulting from an accident or illness. I agree to pay all medical expenses incurred by handling of the emergency care not covered by insurance. I understand that my daughter/son will be taken to a hospital in the event that emergency treatment is required and that Teen Center staff will notify me immediately.

I hereby authorize St. Luke Teen Center staff to survey and/or interview my child. I understand that the purpose of these surveys and interviews are to help find out how well the St. Luke Teen Center is meeting my child's needs and identify areas which may call for further attention.

I hereby authorize my child to access the internet while at the St. Luke Teen Center.

I hereby authorize my child to participate in all programming at the St. Luke Teen Center. I understand that St. Luke Teen Center programming covers sexual decision making, mental health awareness, world issues, bullying, and other sensitive topics.

I hereby release and forever discharge St. Luke United Methodist Church/St. Luke Teen Center and their staff from any and all claims for injuries, damages, or loss that my minor child/ward may have or which may accrue to my minor child/ward and arising out of, connected with, or in any way associated with this program.

I hereby authorize St. Luke Teen Center and their partners the irrevocable right and permission, throughout the world, in connection with the photographs he, she, or they had taken of me or in which I may be included with others, the following: (a) the right to use and reuse, in any manner at all, said photographs, in whole or in part, modified or altered, either by themselves or in conjunction with other photographs, in any medium or form of distribution, and for any purposes whatsoever, including, without limitation, all promotion and advertising uses, social media, and other trade purposed, as well as using my name in connection therewith, if he so desires; and (b) the right to copyright said photographs in his own name or in any other name that he may select. I waive the right to inspect or approve any use thereof. I hereby forever release and discharge Photographer or Agency from any and all claims, actions and demands arising out of or in connection with the use of said photographs, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licenses and legal representatives of Photographer or Agency, as well as the party(ies) for whom he/they took said photographs.

Teen Center closes at 6:00 PM on days programming is offered. We ask that all students who are not riding the bus be picked up no later than 6:00 PM. St. Luke Teen Center and staff are not liable or responsible for any students who are still waiting for a ride once the Teen Center has closed.

OPTIONAL CONSENTS (Please check box to grant consent/permission):

If needed, I hereby authorize my child to ride in a staff's car. All staff have valid driver's licenses and insurance.

I have read and fully understand the above important information.

Signature of Student

Printed Name

Date

Signature of Parent/Guardian

Printed Name

Date

Signature of Parent/Guardian

Printed Name

Date

