



Transforming
Our Community...
One Student
at a Time

SUMMER 2019

TODAY'S DATE: _____

College for Teens • Application Form

Department of Continuing Education

STUDENT Last Name _____ First Name _____ M.I. _____

Street Address (including apartment number) _____ (_____) _____

City/Town _____ State _____ Zip _____ Telephone _____

Student E-mail _____ MALE FEMALE _____ Date of Birth (MM/DD/YYYY) _____

Student ID# _____

The following questions are required by the U.S. Department of Health, Education, and Welfare, Title VI of the Civil Rights Act. Completion is voluntary.

Sex: Male Female **Ethnicity:** Hispanic Non Hispanic Declined to Identify

Race: American Indian/Alaskan Native Asian Black/African American Native Hawaiian/Pacific Islander White Declined to Identify

PARENT/GUARDIAN Last Name _____ First Name _____

Street Address (including apartment number) _____ (_____) _____

City/Town _____ State _____ Zip _____ Telephone: Home Work Cell _____

PARENT/GUARDIAN E-mail Address _____

PLEASE INDICATE YOUR # 1 and #2 PROGRAM SELECTION:

Put "1" by your first choice and "2" by your second: _____ Careers in Criminal Justice _____ Careers in Healthcare _____ Careers in Transportation, Logistics and Distribution

Morning Session Afternoon Session

I attend a Union County school: YES NO CURRENT GRADE: _____ SCHOOL: _____

ALL PARTICIPANTS MUST HAVE THIS SECTION COMPLETED BY PARENT OR GUARDIAN.

You will not be admitted or allowed to participate in any program without submitting this information.

Parent/Guardian Contact Information:

Mother/Guardian Name: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Father/Guardian Name: _____

Business Phone: _____ Cell Phone: _____ Home Phone: _____

Emergency Contact Information:

If I am not available, I hereby designate the following person(s) to be contacted in an emergency:

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Doctor's Name _____ Phone _____

Medical Insurance Co _____ Policy # _____

Does student have any allergies? If "yes" please list all allergies. _____

TO SUBMIT APPLICATION:

E-MAIL: Complete form by email and send to Youthprograms@ucc.edu

FAX: your registration 24 hours a day to (908) 709-7070

MAIL TO: Department of Continuing Education, College for Teens, Union County College, 1033 Springfield Ave., Cranford, NJ 07016