



The Upper Room Family Resource Center Program Registration Form

To be completed by all program participants -Adults and Children

Date Registered _____

Program: **JD** **CH** **CSLO** **TC** **YES** **URP** **GDFO** **FOG** **TIPS** **GED**
Parent Ed **Which Class** _____

Last name _____ First name _____ Initial _____

Address _____ Age _____

Town _____ state _____ Zip code _____

Telephone _____ email _____

Please check box if you would not like to receive information on upcoming events and classes at The Upper Room via email?

United States Citizen: Yes _____ No _____ **Gender:** male _____ female _____

Ethnicity: _____ Non- Hispanic _____ Hispanic

Race: Alaskan Native/ Native American _____ Asian _____ African American/Black _____

Caucasian/White _____ Native Hawaiian/ Pacific Islander _____ more than one _____

Do you have any special needs _____?

Students: Do you have an IEP Yes _____ No _____

**** Programs that have a fee will provide certificates/letters of completion only after payment in full is made.
Payment plans are available.**

If youth completing form – please complete the following for parents.

Number in your household: _____ **Number of dependants:** _____

Household Income: Under \$5,000 _____ \$5,000 - \$9,999 _____

\$10,000 - \$14,999 _____ \$15,000 - \$19,999 _____ \$20,000 - \$29,000 _____

\$30,000 - \$39,999 _____ \$40,000 - \$59,999 _____ over \$60,000 _____

Marital Status: Single/never married
 Married
 Divorced/ Separated
 Widowed
 Living with Partner