



U.E.C.D.C.  
2046 East 19<sup>th</sup> Street  
Erie Pa 16510  
Phone: 814.899.3904  
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# Registration Form

Student Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Student Age \_\_\_\_\_ Birth date (month/day/year) \_\_\_\_\_

Name of School \_\_\_\_\_

Grade \_\_\_\_\_ Teacher's Name \_\_\_\_\_

Is your child currently taking medication?

If yes please explain \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

## In case of emergency who should we contact?

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

Parent's Name (Please Print) \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Does student live in public housing? \_\_\_\_\_

Country of Origin \_\_\_\_\_