University of Connecticut, School of Engineering

Pre-Engineering Registration Form 2017-2018

Online registration at: http://edoc.engr.uconn.edu/pep/ is preferred

Registration

- Space is limited. Grades are capped at 30 students.
- Credit cards, money orders, checks are accepted. Please make checks payable to UCONN and male them to the Pre-Engineering address.

___ $60.00 Registration Fee for either FALL or SPRING SESSION
___$100.00 for Entire Year-(FALL AND SPRING SESSION) (September to April)

PERSONAL DATA:

Name: ______________________________________________________________________________________________________

Last                      First                      Middle

Address: _____________________________________________________________________________________________________

#     Street       City                      Email:

Phone: (________) _________ - ___________________          Email:_______________________________________________________

Parents/Guardian’s Name:_________________________________   ________________________________

Relation (Mother, Father, etc.)__________   ________________________________

Parent email address: ______________________________________________________________

Gender: ☐ Male ☐ Female              Grade: ☐ 6th ☐ 7th ☐ 8th               Age: ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14

U.S. Citizen: ☐ Yes ☐ No                           Permanent Resident: ☐ Yes ☐ No

Date of Birth (MM/DD/YY) _____________

Ethnicity: ☐ Black ☐ Hispanic ☐ Middle Eastern ☐ Caucasian/White ☐ Asian ☐ Indian ☐ Native American ☐ Mixed
☐ Other _______________________(please indicate)

Have you participated in PEP before? If so, please check which years you attended.

2015-2016 ☐ 2016-2017 ☐ No, this is my first time participating in PEP.

SCHOOL INFORMATION:

Name of School: _________________________________         _____________________________________________________

City/State

Pre-Engineering Transportation

Do you plan on taking the bus?

☐ Yes; pick-up and drop-off at Carmen Arace Middle School
☐ Yes; pick-up and drop-off at East Hartford Middle School
☐ No
PRE-ENGINEERING TRANSPORTATION/EMERGENCY WAIVER

To contact in case of emergency:  

Parent/Guardian:__________________________________________________________
Relative/Friend:___________________________________________________________
Family Physician:_________________________ Phone:___________________________
Special medical conditions or diet restrictions for your child:_____________________
________________________________________________________________________

Health Insurance Company__________________________________Insurance Membership #____________________

IMPORTANT!

STATEMENT OF CONSENT:

I give _____________________________ my consent to participate in the Pre-Engineering Program at the UCONN Storrs Campus and to participate in field trips organized by the program.

In doing so, I agree to the following:
1. In case of a medical emergency, I grant the chaperones the right to authorize medical care, if the Parent/Guardian named above cannot be reached.
2. I will arrange transportation for and pay all the expenses of returning my child home before termination of the event if he/she does not adhere to school rules as stated by the UCONN Pre-Engineering Program Director.
3. The school is not responsible for damage or loss of property personally owned by my child.
4. I will make the necessary arrangements to provide transportation for my child upon his/her return to the school.

_________________________ ________________________
Signature - Parent/Guardian Date

Only money orders or checks are accepted. Please make checks payable to UCONN and mail them to:

☐ $60.00 Fall OR Spring session only  ☐ $100.00 Fall & Spring sessions

Pre-Engineering Program
191 Auditorium Road U-3187
Storrs, CT 06269-3187
PRE-ENGINEERING
HEALTH/EMERGENCY WAIVER

I _______________________________ waive all liability of the University of Connecticut during (Parent/Guardian)

my son/daughter _____________________________ participation in the Pre-Engineering Program.

Print Student’s Name

I understand that the University will not be responsible for any costs related to emergency or any other hospital visits, accidents or illness. As parent or legal guardian of the above student, I agree to pay all health related costs that may arise during my son or daughter’s participation in the Pre-Engineering Program.

______________________________________
Parent/Guardian Name - (Please Print) Date

______________________________________
Parent/Guardian Signature Date