



# Parent University – Effingham

*“Bridging the Gap between the Home, School and Community”*

## Registration Form

**Saturday, September 21, 2019 – Effingham County Middle School**

*On-site Registration begins @ 8:00 a.m.*

### Parent or Guardian Information:

Name: \_\_\_\_\_

Gender: Female \_\_\_\_\_ Male \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Age: 17 to 18 \_\_\_\_\_ 18 to 30 \_\_\_\_\_ 31 to 50 \_\_\_\_\_ 60 and above \_\_\_\_\_

### Children Information:

<u>Attending Today</u>	<u>Name</u>	<u>Grade</u>	<u>School</u>	<u>Allergy</u>
<input type="checkbox"/> Yes <input type="checkbox"/> NO	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> NO	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> NO	_____	_____	_____	_____
<input type="checkbox"/> Yes <input type="checkbox"/> NO	_____	_____	_____	_____

### Permission To Photo And Videotape With Audio:

\_\_\_\_\_ YES \_\_\_\_\_ NO – *Parent University - Effingham* has my permission to **Photo and Videotape** my child or children listed above as well as myself. I also give *Parent University – Effingham* permission to use **Audio** while doing so. These images may be used in the media to inform the public of *Parent University – Effingham* activities. All photos and videotape recordings are the property of *Parent University – Effingham* which have the right to duplicate with no claim by child and parent.

I agree not to hold *Parent University – Effingham staff, volunteers or Effingham County Board of Education* responsible in the event of any accident or injury to my child or children. In the event of an accident or emergency, staff will do an all-call over the school PA system. Please keep your cell phone on vibrate, in case staff need to reach you.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Parent or Guardian*