



Parent University – Effingham

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

Registration Form

Saturday, February 8, 2020 – 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