

Little River United Church Of Christ
CHURCH SCHOOL REGISTRATION FORM
2010-2011

Children and Youth

We appreciate your assistance in fully completing the following questions. Information provided will be kept in strict confidence, and will be shared only with your child's teacher(s).

Name of Student _____
(Full name and nickname)

Male _____ Female _____

Date of Birth ____ / ____ / ____

Current Age _____

Current Grade in School _____

Please list any food allergies, medical needs, or special educational needs we should be aware of:

Parents of children infant through age five are expected to meet their child(ren) by 10:35 at the classroom door.

Parents of children and youth ages 6 to 13, please initial one of the following:

_____ After class, my child is to wait in the classroom for a parent or older sibling to arrive.

_____ After class, my child has my permission to be dismissed from class without supervision.

Parent(s) Name _____

Address _____

Phone Number(s) _____

Email address _____

Little River United Church of Christ

Release form for child photographic subjects

I hereby give permission for the Little River United Church of Christ (LRUCC) to use the photographic image of my child, _____ in any of their publications, including, but not limited to, the LRUCC Web page, brochures and newsletters. This permission extends to all photographic images in which it was intended that my child recognizably appear, subject to any limitation listed at the bottom of this form.

I understand that I may rescind this permission at any time, and that upon notification, LRUCC will take all reasonable precautions to not continue to use my child's photographic image in any future publications unless expressly authorized by me. I understand that it is the intent of LRUCC to use any and all photographic images of my child for the sole purposes of LRUCC activities.

Parent's Name: _____

Address: _____

Signature: _____

_____ LRUCC may use any photographic image of my child in their publications.

_____ LRUCC may use photographic images of my child subject to the limitations below:

[Please state limitations, both which photographs are included or excluded and which publications are included or excluded.]

Date: _____