

Community Education 2018-19 Registration Form

Student's Name _____ Sex: M ___ F ___ Age ___ School _____
 Grade (2018-2019) ___ Teacher (2018-2019) _____ Child attending the After School Care Program: Yes ___ No ___
 Mailing Address _____ City, State, Zip _____
 Street Address _____
 Mother's Name _____ Employer _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Father's Name _____ Employer _____
 Home Phone _____ Cell Phone _____ Work Phone _____
 Email address: _____

NAMES OF OTHER FAMILY MEMBERS ENROLLED IN COMMUNITY EDUCATION CLASSES:

Health Comments: _____
 Physician's Name: _____ Phone _____

The following people are **APPROVED** (in addition to parents listed above) to pick up this student:

Name: _____ Phone: _____
 Name: _____ Phone: _____
 Name: _____ Phone: _____

The following people are **NOT APPROVED** to pick up my child: **(May require legal documentation)**

Name: _____
 Name: _____

_____ (student's name) has my permission to participate in the Community Education Program and that photos of student may be used on Community Education social media pages and/or website for education purposes only. It is understood that all care, caution and supervision possible will be provided to all participants. However, the undersigned agrees to the following regarding the above named student, as situations arise:

- Authorize a Community Education employee or instructor to consent to an examination, x-ray, anesthetic, medical or surgical diagnosis, treatment, and/or hospital care which is deemed advisable by, and is rendered under the general or special supervision of a licensed physician or surgeon of the medical staff of a licensed hospital
- Do hereby release the Bryan County Board of Education and the Community Education staff from liability for any consent given or treatment of said student
- Do allow the exchange of educational records and/or information by the school to and from Community Education for planning and provisions of necessary supports

Custodial Parent/Guardian Signature: _____

Course Title: _____

Cost: _____

Return completed form to the Community Education Office, 120 Constitution Way, Richmond Hill, GA 31324 or fax to 756-2638.
 Registration fee, if applicable, and class fee will be due at the beginning of the course.
 Date received in the Community Education Office _____ Time _____