

DISCOVER PARENTING 2017

TEACHER REGISTRATION FORM

TEACHER REGISTRATION FORM - by March 20, 2017

To participate in USEP-OHIO's *Discover Parenting* project, please fill out the information requested below as completely as you can. Each entrant must have a registration form. Please choose one or both categories.

☐ Discover Parenting

☐ Action Project

Teacher's Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ E-Mail _____

School Name _____ School District _____

School Address _____

City _____ State _____ Zip _____

School Phone _____ School Fax _____

School Email _____

State Senator _____

State Representative _____ (See Legislative Directory)

Local Newspaper _____

Address _____

City _____ State _____ Zip _____

I teach: GOALS _____ GRADS _____ FCCLA _____ CHILD DEVELOPMENT _____

Other, please specify: _____

I expect to teach approximately _____ students this year.

I will teach *Discover Parenting* to _____ classes.

I have taught *Discover Parenting* for _____ years.

Other information USEP-OHIO should be aware of: _____

UNITED SERVICES FOR EFFECTIVE PARENTING OF OHIO
DISCOVER PARENTING PHOTO DISPLAY
PHOTO ENTRY FORM. DEADLINE April 1, 2017

Submit one entry form with each photo. The registered teacher must sign each entry form. Additional forms may be photocopied. By entering your photo in this display, you are authorizing USEP-OHIO to use your photograph for the purpose of display, exhibition, advertising, or fundraising.

PLEASE PRINT ALL INFORMATION EXCEPT SIGNATURES:

Caption for entry _____
Student's Name _____ Home Phone _____
Home Address _____ City _____ Zip _____
School _____ Principal's Name _____
School Phone _____ School Fax _____
School District _____ School Address _____
Local Newspaper _____ Mailing Address _____
Student's Signature _____
Teacher's Signature _____

Place where photo taken _____ **Year** _____
If photo was taken in a public place (sporting event, park, grocery store, etc.) NO RELEASE IS REQUIRED. If photo was taken in a non-public place (i.e., someone's home) the MODEL RELEASE BELOW MUST BE COMPLETED.

ADULT MODEL RELEASE

If photo was taken in a non-public place (i.e., someone's home), this MODEL RELEASE MUST BE COMPLETED. It must be signed by every person in the photo. A parent or guardian must sign the CHILD MODEL PRELEASE for all children in the photo.

I authorize USEP-OHIO to use my photograph for the purposes of display, exhibition, advertising, or fundraising. I affirm that I am more than 18 years of age.

Date _____ Adult Signature _____ Witnessed by _____
Date _____ Adult Signature _____ Witnessed by _____
Date _____ Adult Signature _____ Witnessed by _____

CHILD MODEL RELEASE

If photo was taken in a non-public place (i.e., someone's home), a parent or guardian must sign the CHILD MODEL RELEASE for all children in the photo.

I am the parent or guardian of _____. I approve the use of his/her photograph for the purpose of display, exhibition, advertising, or fundraising.

Date _____ Guardian Signature _____ Witnessed by _____

Return to: USEP-OHIO; 7514 Slate Ridge Blvd; Reynoldsburg, Ohio 43068