

# 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**