



Community

Year

Part 1: Learner/Camper Registration

Child's Name:		Last Name:	
Age:	Gender:	Grade:	Pronouns:
Have they been to Literacy Programs/Summer Reading Camp before? (circle one)		Yes	No
		If Yes, for how many years? <input type="text"/>	
Name of Adult registering child:			
Adult's Relationship to Child (e.g. parent, aunt):			
Phone Number:		E-mail:	
<i>Health Info</i> Yes <input type="checkbox"/> No <input type="checkbox"/>		<i>Emergency Contact</i> Name Tel No Email	
<i>List Issues</i>			

Part 2: Permissions & Waivers

By signing this form I give permission for my child to take part in the Literacy Programs/Summer Reading Camp. I agree to: (Please check (✓) or initial to select the right options for you.)

Departure from Program/Camp

<i>I give my consent for my child/ren to go on program-related community field trips.</i>	<i>Yes, my child may go</i>	<input type="checkbox"/>
	<i>No, my child may not go</i>	<input type="checkbox"/>
<i>My child may leave the program on their own. United for Literacy Staff are not responsible for my child once they have left the program.</i>	<i>Yes, my child may leave on their own</i>	<input type="checkbox"/>
<i>My child will remain at the program until they are picked up by authorized adults.</i>	<i>No, my child will wait for pickup</i>	<input type="checkbox"/>

Photography/Images

<i>United for Literacy Staff may photograph, video, and survey my children regarding program related content. I understand that United for Literacy has permission to share this information on social media, in reports & advertisements to promote our education based programs & services. All content will be used in a respectful, ethical, responsible manner.</i>	<i>Yes, I give permission for photos/content sharing</i>	<input type="checkbox"/>
	<i>No, I prefer NOT to share photos/content of my child.</i>	<input type="checkbox"/>

Signature

Date