

Registration and Release for **Weekday Religious Education**

CHILD		PARENT/GUARDIAN	
Name		Name	
Birth Date		Day Phone	
Age		Evening Phone	
Gender		Cell Phone	
Address		Email	
School		Emergency Contact	
Grade		Emergency Phone	
Teacher		Emer. Relationship	

Special medical needs: _____

Parent / Guardian's signature: _____

Emergency Contact signature: _____

This is a program which will be providing religious education in the Christian faith once a week. It is understood that this child will be transported from school premises by bus for up to 1 hour per week to **(please circle)** Strasburg Presbyterian Church, Woodstock Church of the Nazarene, or American Celebration in Quicksburg and in the care of the Weekday Religious Education teacher, aide, bus driver and volunteers.

We are dedicated to teaching and sharing the faith story and will take every measure to ensure your child's safety during the time they are in our care. Attendance records will be maintained. Please be aware that

- Participation in **Weekday Religious Education** is voluntary and provided at no cost to parents.
- If arrangements have been made for your child to leave school early (i.e. doctor's appointment) he/she will remain at the school.
- Students will be responsible for any class work missed during the time they are released from school.
- You authorize any required medical treatment until such time you can be reached in case of emergency.

I agree to the exchange of information between my child's school and the **Weekday Religious Education program.**

Parent/Guardian: _____ Date: _____

Over →

Weekday Religious Education Photo Use Agreement

_____ (name) may be photographed and or videotaped during activities of Weekday Religious Education. This photo release gives the **Weekday Religious Education** organization permission to photograph your child and release said photos for publication both online and/or in print media. I understand that photographs and videos may be used to promote the program.

In the absence of this form being returned so that it can be kept on file, we will assume that we have your permission to include photographs on public media that may include your child.

Parent/Guardian's name: _____

Address: _____

Phone: _____ Email: _____

Parent/Guardian's signature: _____

Date: _____

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I do **NOT** want any pictures of my child, namely _____ child/youth posted in any public forum without my express permission.

Signed (name of parent/guardian) _____

Print name _____

Date _____

Please return to SCWREA, PO Box 634, Woodstock, VA 22664
Weekday Religious Education will follow whatever closures are made by SCPS.