

Fourth Unitarian Society of Westchester 2011-2012 Religious Education Registration Form



Name of Child/Youth	Date of Birth	2011-12 Grade	Allergies or Medical Issues

*If you have junior or senior high youth, please complete this registration and the youth participation authorization and release form.

Parents/Guardians:

Name		
Home phone	Cell phone	Email
Name		
Home phone	Cell phone	Email

We occasionally use photos that include children in our publicity. Please indicate for which of these venues you will give permission. You can change this at any time.

- | | |
|---------------------|----------|
| Our bulletin board | Yes / No |
| A brochure | Yes / No |
| Our website | Yes / No |
| The Grange Fair | Yes / No |
| A newspaper article | Yes / No |

By registering your child(ren)/youth for the Religious Education Program, you are asking for a commitment from the Fellowship to provide a structured and meaningful learning community for them. For that to be successful, parents need to make a reciprocal commitment to the RE Program. By signing this form, you agree to participate in a collaboration that will help create and sustain the RE Program you want for your child(ren)/youth:

- Yes, I/we will endeavor to bring our child(ren)/youth to RE classes and events on a consistent basis, recognizing that volunteers commit time to prepare lessons and activities, and the children/youth benefit from consistent participation. To the extent possible, I/we will let the RE teachers and advisors know if my child(ren)/youth will miss class or an event so they can adjust plans accordingly.
- Yes, I/we will be a Helping Hand in RE classes at least three times this year, understanding that role simply entails providing an additional adult presence to comply with the UUA Safe Congregations policy and to help maintain focus and constructive participation during class.
- Yes, I/we will consider at some point leading an RE class and/or activity.

Signature of Parents/Guardians

Date

In case your child is injured and you are not available, we will provide basic first aid. Do we have permission to seek further medical assistance that might be necessary in the case of an emergency? Yes / No

Please provide an additional emergency contact: _____
Name
Home phone
Cell phone

Please return to Tracy Breneman