

Unitarian Universalist Congregation of Danbury
Religious Education Registration Form
2009 – 2010

Our family plans to come Sunday mornings at: (please circle) **9:00 a.m.** **11:00 a.m.**

	Last Name	First Name	MI	Date of Birth	Grade (9/07)
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

Parent(s) Name: _____

Street Address: _____

City: _____ Zip: _____

Home #: _____ Cell/Work #: _____ Email: _____

If shared custody, please add:

Other Parent or Guardian Name: _____

Street Address: _____

City: _____ Zip: _____

2nd Home #: _____ Cell/Work #: _____ Email: _____

What do you wish your child and/or youth to gain from participation in our RE Program?

(Please complete the back of this form also)

What would help your child's teachers and/or youth advisors minister to your child(ren)? How can you support them? They are committed volunteers who care about your child(ren). We encourage you to meet with the DRE and your child's group leaders to let them know how to best support your child.

All the information on this form is confidential

Answers to questions below help us provide your child(ren) with a safer and more satisfying RE experience. Every effort will be made to fully accommodate every child who wishes to participate in the RE Program.

Is there a medical or psychological condition, or physical or learning disability, which may affect your child's participation in the RE Program?

No _____ Yes _____ If yes, please give child's name and tell us how we can best help your child have a welcoming experience _____

Does your child have any **allergies**? _____ No _____ Yes

If yes, please give child's name and explain. _____

Does your child require any **medication**? _____ No _____ Yes

If yes, please give child's name and dosage. _____

Do you permit Tylenol be given to your child? _____ No _____ Yes

If no, please give child's name. _____

Sometimes Group's cook and eat together. Do you have **any dietary restrictions** (vegetarian, etc.) you would prefer we observe? _____

Blanket Permission Slip for Religious Education Program

My child(ren) _____

Has permission to participate in RE Program activities during regular RE Program hours. He/she may receive first-aid treatment if necessary during this time. **I understand that a parent or legal guardian must be present on the premises of the UUCD during Sunday morning RE Program hours.** In the event that I must be absent, I must provide a "guardian" who will be present to assume responsibility in my absence, and provide the name of the "guardian" to the DRE and the leader(s) of my child's group and an emergency contact number. **I will pick up and supervise my child(ren) after their group time is done (particularly during Sunday refreshments in the Fellowship Hall or at Church social events).** For overnights at the church, or trips off the premises, I understand that a separate "Activity Permission Slip" will be required and must be completed BEFORE my child(ren) attend the planned activity.

Date _____ Parent or Guardian Signature _____

Emergency Contact: _____

Relationship: _____

Phone Number: _____