

Unitarian Universalist Congregation of Danbury

Religious Education Registration Form for 2010– 2011

Note: Please: PRINT., Complete pages 1 & 2, Add the Materials Fee: \$20. per child, \$ 50. max per family, & Return the UUCD office or Director of Religious Education. (Office note: pd? or waiver?)

- **Our children will attend at (X the preferred time):** ___ 9:00 or ___ 11:00 a.m

Last Name	Child's First Name	Date of Birth	Grade (Sept. 10)
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

- **Contact Information:**

1. **Parent/Guardian Name:**

Street Address: _____

City: _____ Zip: _____

Home #: _____ Cell/Work #: _____ E-mail: _____

2. *If shared custody, please add other Parent or Guardian Name*

Street Address, City, Zip: _____

2nd Home #: _____ Cell/Work #: _____ E-mail: _____

3. *Any children over age 18 years? If you think your young adults might appreciate contact with the congregation if they are away from home, provide phone or other contact info:*

Blanket Permission Slip for Religious Education Program

My child(ren) _____

- Has permission to participate in RE Program activities during regular RE Program hours.
- 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.
- He/she may receive first-aid treatment if necessary during this time. I will alert the DRE to any allergies (see page 2)
- 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 will provide the name of a "guardian," who will be on-site and assume responsibility, to the DRE & the leader(s) of my child's group and an emergency contact phone #.
- I will supervise my child(ren) after their group time is done (particularly during Sunday refreshments in the Fellowship Hall or at Church social events).

-I will allow photos of my child(ren), without their name(s), on our UUCD Webpage? Yes___, No___

Date _____ & Parent or Guardian Signature _____

Emergency Contact: _____ Relationship: _____

Phone Number: _____ (9/10)

Religious Education Registration Form for 2010 – 2011 (continued)

Help us provide your child(ren) with a safer and more satisfying RE experience.

Please answer the following questions:

- **What do you wish your child and/or youth to gain from participation?**

- **What would help our Group leaders welcome & minister to your child / youth?**

Please talk with the DRE and your child's group leaders to let them know how to best support your child, both at the start and periodically, through the year. The group leaders would particularly benefit from your wisdom and experience if there is a medical/psychological condition, physical or learning disability your child is dealing with.

- **Does your child have allergies?** _____ No _____ Yes
Require any emergency related medication (i.e. Epi-pen)? _____ No _____ Yes

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

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

- **What are your child(ren)'s current talents or passions?**

- **What are your current talents or passions, or other ways you might contribute to our program? (Can't think of any? Contact the DRE for some task oriented ideas to suit your schedule):**

THANK YOU

For bringing yourselves and your children and youth to the UUCD community!



"I want you to be everything that's you, deep at the center of your being." ~ Confucius

