**UUSM Religious Exploration**

***Registration Form for 2017-18***

***Please complete a separate registration for each child/youth you are enrolling.***

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Child/Youth Name** | **Birthday****mm/dd/yy** | **Grade** | **Age** | **Gender** | **Service****(Circle)** | **CW\*** |
|  |  |  |  |  | 9 11 |  |

\* for office use only

**PARENT INFORMATION**

Parent/Guardian #1 Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Member *Yes No*

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact methods:Email Home Phone Cell Phone CallText USPS Facebook

Parent/Guardian #2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Church Member *YesNo*

Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred contact methods:Email Home Phone Cell Phone CallText USPS Facebook

**STUDENT INFORMATION**

What do we need to know in order to help your child have a positive and safe RE experience? (Food allergies, special needs, learning style, strengths/special interests, religious/family background, etc.).Please give details or speak with the DRE; information will be kept confidential between your child’s RE teaching team& the DRE.

**VOLUNTEER COMMITMENT**

Our program is possible because of the volunteer commitment of our congregation’s members. As parents/guardians of enrolled participants, we need your active support! UUSM religious exploration is funded through your pledge to the congregation; we do not charge fees for participation in our programs. In order to ensure its success, those who have children in our religious exploration program will be **asked and expected** to contribute some of your time to RE. Please select at least one way for each parent/guardian in which you would be willing to volunteer to help make all the parts of our program run smoothly. We ask that each parent volunteer a minimum of four times per year.

Making a choice below is not a set-in-stone commitment; it is the beginning of a conversation. The DRE or a member of the Lifespan RE Committee will follow up with you to discuss your participation. Thank you!

* I am already signed up to teach an RE class this year ­**–or-** I am interested in volunteering to teach 1-2 Sundays per month in Pre **K, 1st -2nd, 3rd-5th Grade, Middle School or the Multi-age Class (11)**
* **Classroom Assistant** (1 Sunday per month)
	+ *Circle choice:* I prefer 1st  | 2nd  | 3rd  | 4th Sundays
* **Emergency Classroom Sub** call list (approx. 4x per year subbing, called as needed)
* **RE Family Event Coordination** (parties, potlucks, game nights, etc.)
* **Parent Event Coordination** (book discussion group, support group, parents’ night out, etc.)
* **Faith in Action for RE Children/Youth** (help coordinate FIA projects in RE
* **Cash for Snacks** I would like to contribute $\_\_\_\_\_ per year towards snack purchase for RE classes
* **Helper Elves** (help prep supplies or snacks for classes, set up or cleanup for events, etc.)
* **Administrative Help** (I can give \_\_\_\_\_\_\_\_ hours per \_\_\_\_\_\_\_\_, to be scheduled with DRE. These days/times of the week are best for me: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)
* **Lifespan RE Committee** member (oversees RE programs/policies; meets once per month)
* **Other service I can offer:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* **Please call me** so we can discuss how I might design my participation in a way that works for me.

**MEDIA PERMISSION**(please check appropriate box below)

As part of our Religious Exploration Program we sometimes take photographs and videos of children in action as they participate in classes or special events so we can share the good news about what UUSM has to offer to members and newcomers on our website, in our newsletter, and in person. **We need your permission to publish images of your children in any way.**  With any use of these images, names and other personal information will **NOT** be included.

* **I give permission** for images of my child to be used **for all of the above purposes** (church website, etc.)
* **I give permission** for images of my child to be used **only** in communications that will only be seen by members and friends of UUCCSM (newsletter, teacher training presentations, etc.)
* **I do not want images of my child to be used in any church publications.**

**PARENT CONSENT INFORMATION**

**By enrolling my child in this RE Program, I affirm its goal of inspiring and guiding the personal, ethical and spiritual development of our children and youth within the context of our Unitarian Universalist faith.I understand that religious exploration is a cooperative venture, and that as a parent I am my child’s primary religious educator. I also understand that the RE Program of UUSM is made possible by the volunteer commitments of its members, and that I will be asked to contribute some of my time this year to the RE Program.**

**In the event of a medical emergency, the RE staff has my permission to treat and/or transport my child if necessary.**

**My child has permission to participate in any walks or nearby trips that are planned as part of the Sunday Morning Religious ExplorationProgram, provided that he/she is under adult supervision and I am notified in advance if they are to leave church grounds.**

**Parent Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Questions? Contact kathleenrhogue@gmail.com