



**Religious Education Program Registration Form
Unitarian Universalist Church of Delaware County
2009/10**

Date: _____

Child's Name*	Age	Date of Birth	Grade	Special Needs/ Allergies?

Please share with us anything we need to know about your child.

Youth :

_____	_____
Email address	Cell phone
_____	_____
Email address	Cell phone

***Registration Fee:** There is a \$25/child (max. \$50/family) registration fee. This fee does not reflect the full program cost. Parent contributions of time and resources are required and necessary in addition to annual pledges to Unitarian Universalist Church of Delaware County to keep our program running. Please see the Director of Religious Education if you need this fee waived or need a partial scholarship for personal reasons.

PLEASE PRINT

Parent

(Or guardian) First Name _____ Last Name _____ Home phone _____

Address _____ Day/work phone _____

_____ Cell phone _____

Email address _____ *Shall we contact you by phone? Or email?*

Parent

(Or guardian) First Name _____ Last Name _____ Home phone _____

Address _____ Day/work phone _____

_____ Cell phone _____

Shall we contact you by phone? Or email?

Parental Commitment

The UUCDC Lifespan Religious Education Cooperative is a volunteer-based program and depends on *many* volunteers to make it work. **We ask each family with a child registered in RE to assist with the program during the year by teaching or assisting in one of our classes, or serving on the RE Committee. I (we) understand that I (we) will be called on to be a helper in my child’s classroom during the year.** For those interested in making a special gift to the RE Program, ask about our Wish List of books, equipment and supplies.

Signature/s Date

RE Program Participation

I, being the legal parent/guardian of _____

_____, do hereby give and grant my permission to the UUCDC for said child/ren to participate in the RE Program and related fieldtrips during the 2009/2010 church year. I, my heirs and assigns, do hereby release and discharge the UUCDC from any liability of claim or cause of action that I may now have or may have in the future as a result of any injuries received by the said child while s/he participates in the fieldtrip.

Signature/s Date

I can assist with the occasional fieldtrip by:
_____ driving (I have _____ passenger seatbelts in my car.)
_____ chaperoning

Photo Release

Additionally, I understand that on occasion the UUCDC uses photos on its website and/or for church-related publicity. I also understand that the church will only use group photos of youth/children and will never identify them by name.

[] I authorize the church to use photos that my child/ren appear in.

[] I do not authorize the church to use photos that my child/ren appear in.

Signature/s Date

Parents' Responsibility for Children:

Before and after RE class time, parents are responsible to supervise their children and youth. We urge parents to take note of where you children and youth are and who they are with.

Behavior/safety Expectations:

All children and youth are expected to behave with respect to each other, adults and their space. Any child or youth who is being disruptive or threatening the safety of others or of him/herself will be asked to stop the disruptive or unsafe behavior. If the child or youth will not, then the a parent will be called to remove the child or youth from the classroom until the behavior can be amended. All efforts will be made by the DRE and volunteers to help children and youth know what the expectations are.

I have read and understand the above UUCDC's Safe Congregation Policy regarding the RE Program.

Signature/s

Date

Child's name

Fee paid: _____

Cash: _____

Check number: _____

Date entered: _____

Initials: _____