

First Unitarian Universalist Society of Albany



405 Washington Avenue, Albany, NY 12206
 518-463-7135
A Welcoming Congregation

Office Use Only

Family name _____

Health Alert _____

Registration Fees
 ___ RE fees paid in full
 ___ POK

Office Use Only

Religious Education Program Registration

Annual Registration Fees

	<i>One child</i>	<i>Two children</i>	<i>Three + children</i>
Pledging Families:	\$35	\$50	\$65
Non-Pledging Families:	\$50	\$70	\$85

Make check payable to Albany UU.

Church year 2019-2020

Date _____

Parent/Guardian #1

 Name
IF no changes in address or contact info since last year, no need to complete these lines below.

 Address

 Home Phone

 Cell Phone

 E-mail

Parent/Guardian #2

 Name
IF no changes in address or contact info since last year, no need to complete these lines below.

 Address

 Home Phone

 Cell Phone

 E-mail

Children being registered:

_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade

Continue on next page.



Food Allergies/Sensitivities/Restrictions

We serve simple snacks most Sundays. Please list foods your child can't/shouldn't eat.

Child's Name _____ Foods _____

I give my permission for emergency medical treatment to be given to my children.

Parent/Guardian signature

Date

Our UU Religious Education Program is a cooperative endeavor. RE volunteers learn new skills and make lifelong connections to people of all ages. Which activities will you sign on for this year?

Mark 1 for Parent/Guardian #1 and 2 for Parent/Guardian #2: Select one or more

- | | |
|--|---|
| <input type="checkbox"/> Join a Teaching Team | <input type="checkbox"/> Youth Group advisor |
| <input type="checkbox"/> Lead social justice sessions on occasion | <input type="checkbox"/> Play piano for Family Chapel |
| <input type="checkbox"/> Our Whole Lives (K/1) instructor/get training | <input type="checkbox"/> Substitute teach |
| <input type="checkbox"/> Lead/Assist with intergenerational activities | <input type="checkbox"/> Summer session |
| <input type="checkbox"/> Serve on Religious Education Council | <input type="checkbox"/> Play instrument/lead songs in classrooms |

Thank you! Our R.E. program is consistently excellent because of dedicated volunteers.

I understand that photos may be taken of my child(ren) and used for Albany UU/RE program purposes, including posting on the Web. My child will never be identified.

Please notify me EACH TIME you'd like to use my child's face in Albany UU print publications or on the Web.

Parent/Guardian signature

Date

4. Does your child have any health issues, challenges or disabilities that you would like us to know about? We want to make sure that your child feels comfortable in RE and that we support their needs as best that we can. Please provide as much detail as you would like, including strategies to help them feel safe and focused.

5. If your child has a disability, do they have a formal diagnosis? Is your child aware of the diagnosis? Would you be willing to work out a plan with Leah for your child for the RE program?

6. How can we best soothe your child if they are upset?

7. What other things would you like us to know about your child?

8. Please cut and paste a photo of your child here.