

# First Unitarian Universalist Society of Albany



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

<i>Office Use Only</i>
Family name
Health Alert
Registration Fees
___ RE fees paid in full
___ POK
<i>Office Use Only</i>

## 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 FUUSA.*

Church year 2014-2015

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	Date of birth	Grade

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

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

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

*Continue on next page.*

**Health Information**

Is there anything we should know about your child/children that will help us to relate supportively? Please list allergies and describe special needs.

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

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

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_

**Our U.U. Religious Education Program is a cooperative endeavor.** R.E. 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*

**Regular**

- \_\_\_ Team Teach a class (2 Sundays/mo. for 1 term)
- \_\_\_ Youth Group advisor
- \_\_\_ Rite of Passage mentor
- \_\_\_ Our Whole Lives. instructor
- \_\_\_ Serve on Religious Education Council
- \_\_\_ Play piano for Children's Chapel

**Occasional**

- \_\_\_ Substitute teach
- \_\_\_ Assist with intergenerational activities
- \_\_\_ Present craft for holiday craft workshop
- \_\_\_ Play instrument/lead songs in classrooms
- \_\_\_ Recruit volunteers
- \_\_\_ Summer session

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

Photos may be taken of your child(ren) and used for FUUSA/RE program purposes, including posting on the Web. We will NEVER identify your child.

I DO NOT give blanket permission for my child's/children's likeness to appear in FUUSA print publications or on the web.

Parent/Guardian signature \_\_\_\_\_

Date \_\_\_\_\_