



REGISTRATION

| |
|--|
| Child's Name _____ |
| Birthdate _____ Grade _____ |
| School _____ |
| <input type="checkbox"/> Male <input type="checkbox"/> Female Today's date _____ |
| (Each child or youth must be registered annually.) |

Parent /Guardian #1

Name _____

Email _____

Home address _____

City, State, Zip _____

Home # _____ Cell # _____ Work # _____

Occupation _____ Hobbies _____

Parent /Guardian #2

Name _____

Email _____

Home address _____

City, State, Zip _____

Home # _____ Cell # _____ Work # _____

Occupation _____ Hobbies _____

Check any that you are interested in receiving more information about:

- CHOIR: Cherub (grades 1-3) Children's (grades 4-7) Youth (grades 8-12)
- YOUTH GROUP: Chosen Ones (grade 6) Quarter Souls (grades 7-8) Parenting Groups

I agree that All Souls may use photographs or video recordings of my child for use in promotional materials.

Signature of Parent of Guardian

*Please notify the church office promptly of changes in email address and other contact information.
Efforts to be more ecologically friendly include communicating electronically as often as possible.*

Parent Participation

Our is a cooperative program. All parents and guardians must participate in some way, and are expected to pledge, or give generously to the All Souls Operating Fund each year.

1. Parent/Guardian name _____ Relationship _____

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Parents enrolling a child in preschool (3 years old by Sept. 1) through the 5th grade, are required to participate as a Parent of the Month during either the 10:00 or 11:30 service in each of their children's classes.

- I will be a *Parent of the Month* for the _____ grade(s) at: 10:00 am 11:30 am or either. Month(s) preferred (September through May) _____
- I am currently a Children's Religious Education Board Member, Inclusion Buddy, Teacher, or Guide.
- I do not have a child in the 3-year to 5th grade age range (skip to next section or volunteer to assist in a younger child's class)

In addition, please select at least 2 activities and indicate which parent, 1 or 2, is participating.

Sunday Mornings

- Substitute Teach (pre-K through 8th grade)
Grade(s) preferred _____
- Substitute Workshop Leader (Grades 1-6)
- Inclusion Buddy for special needs child
- Chapel Monitor (11:10-11:40)
- Supervise Middle School Social Time (11:35-12)
Month preferred _____
- Assist in Arts/Spiritual Practices (noon-12:45)
 Grade 6, 7, or 8. Month preferred _____
- Field Trip Driver, # of seatbelts _____
- Lead a Workshop (Grades 1-6) specific interest:
 - Storytelling Painting/Drawing
 - Social Action Pottery/Sculpture
 - Music/Singing Video/Discussion
 - Dance/Movement Drama
 - Puppetry Cooking
- Lead Spiritual Practice:
 - Buddhist Meditation Prayer
 - Tai Chi/Qi Gong Journaling
 - Labyrinths Other
 - Native American Practices
 - Other, please specify: _____
- I am willing to share my background/ knowledge of the _____ faith with a class.

Halloween Party

Monday before Halloween 5:15 - 8:30 pm

- Set up (Sunday, 10/24)
- Serve food and drinks
- Lead a carnival game
- 6th grade haunted house
- Clean up

Tree Trimming Party

First Monday in December, 5:30 - 8:00 pm

- Prepare the meal Lead crafts
- Serve the meal Clean up

Program Support

Specify Skills/Interests:

- Carpentry Painting
- Sewing Photography
- A/V Tech Graphic Design
- Cleaning Organizing
- Childcare Gardening
- Advanced Computer Skills
- Other skills, interests, or fieldtrip resources. Please specify: _____

**Medical Release &
 Field Trip Authorization**
 Must be completed & signed annually by a parent or guardian.

Name _____ Birthdate _____ Grade _____

I, _____ (name of parent or guardian) am the parent or legal guardian of _____ (child's name). I give my consent for him/her to participate in any and all events, activities and field trips sponsored and endorsed by All Souls Unitarian Church (All Souls) during the period from August 1 to October 31 the following year.

I give my consent and authority for the All Souls staff and designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the All Souls staff and designated adult volunteers to authorize medical personnel. Physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in All Souls sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicles, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in All Souls related activities, my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, Frisbee, laser tag, yoga and bowling. Accordingly, I acknowledge that participation in All Souls sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these All Souls sponsored events, I agree on behalf of myself and my child/ward to release, waive and disclaim any and all liabilities of, or claim against All Souls, its officers, board members, staff, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such All Souls sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such All Souls sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the business office of All Souls. I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

A photocopy of this consent form shall be as binding as the original.

 Signature of Parent or Legal Guardian Date

 Signature of Witness Date

Emergency Contact _____

Telephone numbers _____

Medical Insurance Carrier _____

Policy # _____ Group # _____

