



REGISTRATION

For infants through eighth grade

Each child or youth must be registered annually.

CHILD'S INFORMATION:

Child's Name _____
Birthdate _____ Grade _____
School _____ Age _____
Male Female Today's date _____
My child is current on all medically recommended vaccinations:
Yes No

PARENT/GUARDIAN INFORMATION:

Please circle which parent(s) should receive communications

Name:	Name:
Email:	Email:
Address:	Address:
City, State & Zip:	City, State & Zip:
Home Phone:	Home Phone:
Cell:	Cell:
Work Phone:	Work Phone:
Occupation:	Occupation:
Hobbies:	Hobbies:
Church Member? Yes No	Church Member? Yes No
Custodial Parent? Yes No	Custodial Parent? Yes No

What do you hope that your child will gain from attending our Religious Education Program?
(Please check all that apply)

- | | |
|--|--|
| <input type="radio"/> Deeper spirituality | <input type="radio"/> A relationship with the divine |
| <input type="radio"/> Knowledge of world religions | <input type="radio"/> Spiritual practices |
| <input type="radio"/> Community | <input type="radio"/> Safe childcare |
| <input type="radio"/> Biblical literacy | <input type="radio"/> Other _____ |
| <input type="radio"/> A moral/ethical framework | |

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

- | | | |
|--------------|-----------------------|---|
| CHOIR: | Cherub (grades 1-3) | Children's (grades 4-7) |
| YOUTH GROUP: | Chosen Ones (grade 6) | Quarter Souls (grades 7-8) Youth (grades 9-12) |
| PARENTING: | Parenting Groups | Parenting Classes |

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

(Pr)
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 _____

2. Parent/Guardian name _____ Relationship _____

Parents enrolling a child in preschool (3 years old by Sept. 1) through the 8th grade, are required to participate as a Parent of the Month from 10:00 to 11:00, 11:00-12:00 or 12:00-1:00. Please indicate which parent, 1 or 2, will be participating in each activity.

I will be a *Parent of the Month* for the _____ grade(s) at: 10:00 am 11:00 am or 12:00
Month(s) preferred (September through May) _____

I am currently a Children's Religious Education Board Member, Inclusion Buddy, Teacher, or Guide.

My child is not 3 years old by 9/1/2011

I need to speak with the Children's Religious Education Administrator about fulfilling this requirement.

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

Sunday Mornings

Lead a Workshop. Month(s): _____

Sept. – Faith	Oct. – Death
Nov. – Forgiveness	Dec. – Hope
Jan. – Justice	Feb. – Love
March – Brokenness	April - Transformation
May – Transcendence	

Substitute Teach (pre-K through 8th grade)
Grade(s) preferred _____

Substitute Workshop Leader (Grades 1-6)

Inclusion Buddy for special needs child

I am willing to share my background/ knowledge of the _____ faith/spiritual practice with a class.

Festival Sundays

Assist with the Thanksgiving Festival (distribute fresh vegetables to children for the cornucopia)
10:00 or 11:30 service _____

Assist with the Easter Festival Service (distribute flowers to all of the children)
8:30, 10:00 or 11:30 service _____

Assist with the Flower Communion Service (oversee collection and distribution of cut flowers)
10:00 or 11:30 service _____

Summer Programming

Assist with Summer Programming
10:00 or 11:30 service _____

Halloween Party

Monday, Oct. 24, 5:30 - 7:30 pm

Set up Sunday, 10/23
Set up Monday, 10/24
Lead a carnival game
Clean up Monday, 10/24

Tree Trimming Party

Monday, Dec. 5, 5:30 – 7:30 pm

Prepare the meal
Set up Sunday, 12/4
Set up Monday, 12/5
Clean up Monday, 12/5

Day Center Meal

Thursday, March 1

Contribute funds
Assist in meal preparation

CRE Workdays

Oct. 8 (Saturday)
March 31 (Saturday)

Other

Gardening
Bulletin Board/Display
Data Entry
Organization

**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 # _____

Please list any special concerns on page 4 of this document.

The Children's Religious Education Staff and volunteers of All Souls Unitarian Church will keep all information confidential.

