

Unitarian Universalist Society of Middleboro
 Religious Exploration Program
 Child/Youth Registration

Part I: Family Information

1. Parent(s)/Guardian(s):

Full Name _____

Address _____

Phone _____

Email _____

2. Child(ren)/Youth (Infant through grade 12):

Full Name	Nickname	Birthdate	Gender	Grade	Allergies

3. Medical or Special Needs: Please provide any information that will help us ensure a safe, positive classroom experience (i.e., medical [epi-pen, inhaler, medications, etc.], hearing/vision/attention difficulties, or personal concerns.) *Note: You may also discuss this information directly with the Director of Religious Exploration (DRE).*

4. Additional Emergency Contacts:

(please include your child's pediatrician and one additional emergency contact).

First & Last Names	Address	Home Phone	Work Phone
Dr.			

5. How often do you anticipate attending classes? _____

6. Do you have any special religious or spiritual practices that you do at home or in another place?

7. How would you like to be involved in the Religious Exploration program during this church year?
Is there a particular area that you are interested in volunteering in? _____

Part II. Permissions

I hereby give UU Middleboro staff and volunteers **permission** to release above information to medical authorities and to obtain medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Signed _____ Date _____

I give **permission** for my child(ren) to take walks within the church vicinity with their teachers. I understand that a special permission form will be provided to me for all other field trips.

Signed _____ Date _____

I give **permission** for my child(ren) to be photographed for the purpose of internal media within UU Middleboro.

Signed _____ Date _____

I give **permission** for my child(ren) to be photographed for the purpose of sharing within the "UUMiddleboro RE Families" Facebook group. This is a closed group for all RE families and teachers at UUMiddleboro. It's a place to share information, ask questions and connect with each other.

Signed _____ Date _____

I give **permission** for my child(ren) to be photographed for the purpose of all external media, including but not limited to the church website (www.uumiddleboro.org), social media sites, and newspapers.

Signed _____ Date _____

**** Please note that our worship services are videotaped every Sunday for broadcast on local cable. Pastoral announcements of Joys and Sorrows are always excluded. We are not able to edit individuals from the local broadcast, so parents who prefer that their child not be videotaped, should be aware of the video camera during church services.*

Part III. Registration Fee

\$15 per child/youth (\$35 cap per family) helps to defray the cost of materials used in each classroom. The greater costs of staffing, classroom space, and curriculum are paid for by the pledges of church members. Scholarships are available by speaking to the DRE or a member of the Religious Exploration Committee.

Number of Children ____ X \$15 (or Max Per Family \$35) \$ _____

Scholarship Amount Requested - \$ _____

Total Due: \$ _____

Contact Information:

Kelly Lownds

dre@uumiddleboro.org

Unitarian Universalist Society of Middleboro

25 S. Main St., Middleboro, MA 02346

508-947-1935

Office Use: New? ____ Date registered _____ Registration Fee Paid _____ Scholarship Approved _____