

UUFA Religious Education Registration Form

This completed form must be on file in the Fellowship office for your child or youth to participate in the UUFA RE program.
Complete a separate form for each child (nursery through high school).

**** Please read and sign the releases on the back of this form ****

Child's name _____ M / F birthday _____

year	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY	'YY-'YY
age																	
grade																	
time																	
initials																	

* By updating and initialing this form, I reaffirm my original commitment to the UUFA RE program, as indicated by my signature below.

Parent/guardian information

Name _____
 Address _____
 City _____ Zip _____
 Phone (H) _____ (W) _____
 Phone (cell/other) _____
 E-mail _____

Parent/guardian information

Name _____
 Address _____
 City _____ Zip _____
 Phone (H) _____ (W) _____
 Phone (cell/other) _____
 E-mail _____

Child's information (if different)

Name _____
 Address _____
 City _____ Zip _____
 Phone (H) _____ (W) _____
 Phone (cell/other) _____
 E-mail _____

Special concerns: Does your child have any serious medical conditions that teachers and child-care workers should know about? If so, please list them below. For concerns about dietary preferences or possible medication needs, as well as to share information about changes in your family or any other information about your child, please contact the director of youth and children's ministries to discuss these matters confidentially.

Special interests: Please describe any talents or interests your child has that you might be interested in helping your child share in our RE program.

Through this registration, I recognize my commitment to ensure the success of the UUFA religious education program and my intent to contribute volunteer time and efforts, as needed, to the best of my ability. I understand that the RE program is entirely dependent on the financial contributions of Fellowship members. In lieu of a registration fee, I will be encouraged to support our program financially through yearly pledges, as I am able.

Parent/guardian signature(s) _____ Date _____ (please see back)

UUFA RE Program Field-Trip, Medical, and Media Release Form

Field-trip consent: My child, named on the reverse side of this form, has permission to participate in short field trips (such as walks or visits to other churches, parks, coffee houses, or teachers' homes, etc.) during regularly scheduled RE classes. Other Fellowship-sponsored activities will have separate permission slips.

Medical consent: I hereby, as parent or guardian of the minor child named on the reverse side of this form, do give permission to the RE staff or volunteers of the Unitarian Universalist Fellowship of Ames, Iowa, in the case of medical emergency, to give first aid and/or take my child to the nearest medical facility or to:

Name of hospital _____ Phone _____

or to call:

Name of physician _____ Phone _____

I also give the physician and/or hospital permission to perform any and all procedures necessary for the treatment of my child.

Media consent: I authorize UUFA staff, volunteers, and affiliates to photograph and/or record audio or video of my child named on the reverse side of this form, and I authorize the same to use and display such images or recordings in any print or electronic publication or presentation of the Fellowship, including display on any Internet site maintained by the Fellowship.

Parent/guardian signature(s) _____ Date _____

date																	
field-trip																	
medical																	
media																	

** My initials above indicate the renewal of the field-trip, medical, and media consent statements on the dates noted.*