

PARENT/GUARDIAN INFORMATION

Last Name First Name

Last Name First Name

Address

Address

City Zip

City Zip

Email address

Email Address

Please contact me via phone or e-mail (circle best option)

WHO DO(ES) THE CHILD(REN) LIVE WITH? _____

Parent(s) are: _____ Member(s) _____ Contributing Friends(s) _____ Non-Member(s)

*I am aware of the RE Non-Member Fee _____

Our Religious Education programming for children and youth is possible because of support from congregants such as you, who volunteer as well as contribute financially to the congregation. Please indicate ways in which you or other family members would be willing to support Religious Education (use initials to identify appropriate family member).

I'm interested in teaching this year:

_____ Preschool (1 month commitment to work with paid staff person)

_____ K-5 Workshop leader(1 month commitment) and/or _____ K-5 Classroom Guide(3 month commitment)

_____ MS (1 month commitment to lead pre-developed curricula content) _____ MS Classroom Guide (3 month commitment)

_____ HS (1 month commitment to lead pre-developed curricula content) _____ HS Classroom Guide (3 month commitment)

_____ Substitute Teacher- Please add my name to the list to be called when a scheduled teacher can't make it.

_____ DRE Assistant- I would like to assist our DRE (once a month) on Sunday mornings.

I have talents that include:

Art Drama Cooking Science Legos Music
 Meditation Dancing / Movement Yoga Storytelling
 Social Action Environmental Other: _____

I am interested in being a member of the RE Committee. This committee meets once a month to establish important decisions regarding the RE program. (please circle)

Yes No

I am able to contribute to the RE Program in other ways (RE Support Team);

Filing Data Entry Nursery care provider Chaperone Overnights
 Maintain lending library Curriculum development M/S H/S Youth Group
 Clean up (playground, classrooms...) Shopping for supplies
 Put away/organize supplies Webpage Maintenance Mailing/Stuff envelopes
 Assist with worship/special programs/Christmas Eve pageant Desktop Publishing
 Preparing projects pieces at home Teacher support/recruitment

I am interested in receiving educational emails on some of the holidays from the major World Religions throughout the: (please circle)

Yes No

I am interested in receiving emails regarding events in the community that compliment our religious education program goals: (please circle)

Yes No

I agree to have my child photographed and/or videotaped for UUCF/UUA purposes only to promote UUCF in UUCF/UUA publications: (please circle)

Yes No

I would like my child's name listed in the church directory (that is given to all members): (please circle)

Yes No

My child has permission to participate in UUCF RE activities on and around church grounds. In a medical emergency, UUCF staff and members have permission to obtain medical care for my child.

Signature of parent/guardian _____

Date _____