
**First Unitarian Universalist Church of Berks County
Cooperative Religious Education Program
Registration 2009 - 2010**

Child's Name	Birth Date	Age	Grade	E-mail

Name of Parent/Guardian:		Name of Parent/Guardian:	
Address:		Address:	
Home phone:	Cell phone:	Home phone:	Cell phone
Email:		Email:	
Preferred method of contact:		Preferred method of contact:	
Phone	Email	Facebook	Facebook
Occupation/Training:		Occupation/Training	
Religious Background:		Religious Background:	

Medical Conditions/Allergies/Special Needs or Concerns

Please describe any conditions or family circumstances that you think that we need to be aware of in order to keep your child safe, healthy, and comfortable during RE classes. (Your responses will only be shared with your child's teachers.)

Ours is a cooperative Sunday school with only one half-time staff person. All teachers and Sunday helpers are volunteers. At least one parent/guardian from each family is required to participate in our program. **Please choose at least one volunteer opportunity from the following list:**

	Classroom teacher – Be part of a teacher team of 3-4 people, teaching 1-2 times/month using a curriculum that is provided.
	Sunday Helper Assist a classroom teacher team with a Sunday School class, 1-2 times/month or 3-4 times/year <i>(No Preparation Required!)</i>
	Substitute Teacher or Assistant (Be willing to help occasionally if you are available when a teacher or assistant is needed.)
	Field Trip Driver/Chaperone
	Special Events (help plan, set up, cook for, or clean up for special events such as teacher appreciation breakfast.)
	Bulletin Boards (Organize photos of RE news and events.)
	Assist with organizing supplies and RE spaces
	Religious Education Committee (Meets monthly to plan and evaluate RE program, plans special events, provides support to DRE.).
	Special Guest (Visit an RE class and share a special talent or area of interest.)

Please write your name next to any skills or hobbies that you are willing to share:

Play an instrument	Storytelling or Puppetry
Sign Language	Arts/Crafts
Sewing	World religions/cultures
Drama	Social Activism
Gardening/Nature Studies	Photography/Videography
Teach songs	Other

The undersigned parent or legal guardian hereby gives permission for the children registered on this form (name them here)_____to leave the premises under the supervision of his/her Religious Education teachers for walking and automobile trips during and outside of the Sunday morning RE program. Seat belts and adult drivers will be required for car trips. I authorize the supervising adult(s) to seek emergency medical treatment of said children, when deemed necessary. This consent is effective Sunday, September 1, 2009 to June 30, 2010.

I give my permission to have my child's photo taken during RE activities and perhaps shared on a bulletin board, brochure, or other media for use by FUUBC only. _____Yes_____No

Signature:_____Date:_____