

**Bellingham Unitarian Fellowship
Children's Religious Education Registration Form**

Parent Name _____ Email _____

Parent Name _____ Email _____

Address _____

Phone _____ Cell _____

Emergency Contact _____ Phone _____

Our family plans on attending the 9:15 Service _____ the 11:15 service _____

Child's Name	Birth Date	Age as of 9/10	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I/we understand that BUF's Children's Religious Education Program requires volunteer support and I/we would like to help in the following ways (please indicate the name of the volunteer). See the attached list for descriptions of positions:

Regular RE Teacher (FREE Tuition) _____

Substitute Teacher _____

RE Greeter _____

Task Force Member (circle one or more) _____

Principles in Action Special Events Program Planning

Music/Worship Community Night Summer Programs

RE Fee for Pledging Families: \$35/child or \$70/Family

RE Fee for Non-Pledging Families \$50/child or 100/Family Enclosed _____

PLEASE CONTINUE TO SIDE 2

Please list any allergies, medical, dietary or behavioral conditions that we should be aware of (as well as any recommendations for management):

Provisional Program Plans for 2010-2011 Church Year:

Childspace (ages 1-4) both 9:15 and 11:15 services

Spirit Play (grades K-1) both 9:15 and 11:15 Services

Primary (grades 2-3) both 9:15 and 11:15

Intermediate (grades 4-5) 11:15 only

Jr. Youth (grades 6-8) Coming of Age curriculum 11:15 only (special registration)

Young Religious Unitarian Universalists (grades 9-12) special meeting times TBD

General Permission for Participation in Program:

I/we understand that BUF staff and volunteers will, to the best of their abilities, provide a safe environment for my child (children) and that they cannot be held responsible for injuries sustained while my child is in attendance. I authorize BUF staff and volunteers to seek medical care for my child (children) in the event that immediate medical attention is required while he/she is in BUF care. I have noted any and all known special conditions that would warrant attention.

Signature of parent _____

Please initial receipt (and/or consent) of the additional following information:

_____ I/we understand that BUF's RE policies generally include 2 care-givers in most classroom and childcare situations but occasionally a single caregiver may be providing care alone.

_____ I/we understand that teachers occasionally take walks on BUF grounds or to nearby Fouts Park without obtaining special permission. I give my permission for my child (children) to participate in such outings with the understanding that other field trips will require a separate permission slip.

_____ I/we are committed to the spiritual development of my/our child (children) and to the vibrancy of BUF's Children's Religious Education Program and understand that regular attendance and active participation is the best way to achieve both.

_____ I/we are willing to volunteer at least 8 hours of my/our time to the Children's Religious Education Program and have indicated our preferred mode of participation on the front of this form. PLEASE NOTE: If you are involved in other committees or teams at BUF and would prefer not to volunteer in the children's program, please indicate those commitments or preferences. _____

_____ I/we would like information about the Coming of Age program.