



UNITARIAN UNIVERSALIST FELLOWSHIP OF GALVESTON COUNTY
RELIGIOUS EDUCATION FOR CHILDREN AND YOUTH
REGISTRATION 2014-2015

Child (Last name, first)	Grade	Birth date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent 1/Guardian (with whom the child lives): _____

Address: _____ Phone: _____

City: _____ Zip: _____ Work Phone: _____

Email address: _____

Parent 2/Guardian (with whom the child lives): _____

Phone: _____ Work Phone: _____

Email address: _____

Is there another custodial parent? Yes _____ No _____

My child(ren) have particular situations of which teachers need to be aware (especially **allergy**/medical concerns or strong preferences in learning styles):

Where can you usually be found while your child(ren) are in Religious Education?

PARENT PARTICIPATION

Our Religious Education Program succeeds because of the high level of cooperation among the parent/guardians, leaders and children. Which means we need YOUR assistance during the church year. Bringing your child(ren) to church regularly is one way of showing that you recognize the importance of spirituality and faith development. Working in the R.E. Program demonstrates BY EXAMPLE that you value the Program and its goals. On the back of this sheet is a list of volunteer opportunities. Please mark those where you can help.

(Please see reverse for Media Release Form)

VOLUNTEER OPPORTUNITY

COMMITMENT

___ Substitute Teacher

As needed

___ Multiculture Experience teacher/decorator/
Volunteer

depends on role

___ Special Project Helper/Organizer

One-time event; usually on Sundays

___ Art, music consultant

As needed

___ Other (please describe)

MEDIA RELEASE FORM

UUFGC uses photographs and videos of adults and children in action as they participate in the classrooms, field trips, multi-generational events, social justice/social action, fellowship events, etc. Please indicate below if you are willing to consent to the use of your images and/or your child(ren)'s images in UUFGC publications, website and other electronic media. This is completely up to you. Children's names and other personal information will **NOT** be identified, unless first discussed with the parent/guardians.

___ Images of my child(ren) may be used in UUFGC publications and electronic media
 ___ Images of myself may be used in UUFGC publications and electronic media

I have read the above and give my consent for the use of images as indicated above.

Child(ren)'s Name(s) – please print

Signature of Parent/Guardian Parent/Guardian Name - please print Date

Parents are responsible for their children before and after the service.
Thank you! Our Program works because of YOUR commitment.