UUYO Children's Religious Exploration

Registration Form for 2025-2026

Please complete a separate registration for each child/youth you are enrolling.

Child/Youth Name	Birthday mm/dd/yy	Grade	Age	Gender/Preferred Pronouns

PARENT INFORMATION

Parent/Guardian #1_____ Relationship to Child_____
E-mail_____ Church Member *Yes No*
Street Address_____ City/Zip_____
Home Phone _____ Cell Phone_____
Preferred contact methods:☐Email ☐Home Phone ☐Cell Phone Call☐Text ☐USPS ☐Facebook

Parent/Guardian #2_____ Relationship to Child_____
E-mail_____ Church Member *YesNo*
Street Address_____ City/Zip_____
Home Phone_____ Cell Phone _____
Preferred contact methods:☐Email ☐Home Phone ☐Cell Phone Call☐Text ☐USPS ☐Facebook

Does the child/youth have any food allergies or other medical concerns? (Please Describe)

_____
_____
_____
_____

STUDENT INFORMATION

What do we need to know in order to help your child have a positive and safe RE experience? (special needs, learning style, strengths/special interests, religious/family background, etc.). Please give details or speak with the DRE; information will be kept confidential between your child's RE teaching team & the DRE.

_____
_____
_____
_____
_____
_____

VOLUNTEER COMMITMENT

Our program is possible because of the volunteer commitment of our congregation's members. As parents/guardians of enrolled participants, we need your active support! UUYO religious exploration is funded through your pledge to the congregation; Please select at least one way for each parent/guardian in which you would be willing to volunteer to help make all the parts of our program run smoothly. We ask that each parent volunteer a minimum of four times per year.

Making a choice below is not a set-in-stone commitment; it is the beginning of a conversation. The DRE will follow up with you to discuss your participation. Check all that apply. Thank you!

€ **Hogwarts Classroom Assistant** (1 Sunday per month)
  - *Circle choice:* I prefer 1st | 2nd | 3rd | 4th Sundays
  - *Circle choice:* I prefer 1st | 2nd | 3rd | 4th Sundays

€ **Emergency Classroom Sub** call list (approx. 4x per year subbing, called as needed)

€ **RE Family Event Coordination** (parties, potlucks, game nights, etc.)

€ **Parent Event Coordination** (book discussion group, support group, parents' night out, etc.)

€ **Social Justice for RE Children/Youth** (help children to put their faith into action!)

€ **Lifespan RE Committee** member (oversees RE programs/policies; meets once per month)

€ **Other service I can offer:** _____

€ **Please call me** so we can discuss how I might design my participation in a way that works for me.

€ **Help with the RE Holiday Pageant (12/22/24)**

MEDIA PERMISSION (please check appropriate box below)

As part of our Religious Exploration Program we sometimes take photographs and videos of children in action as they participate in classes or special events so we can share the good news about what UUYO has to offer to members and newcomers on our website, in our newsletter, and in person. With any use of these images, names and other personal information will **NOT** be included.

€ **I give permission** for images of my child to be used **for all of the above purposes** (church website, etc.)

€ **I give permission** for images of my child to be used **only** in communications that will only be seen by members and friends of USSB (newsletter, teacher training presentations, etc.)

€ **I do not want images of my child to be used in any church publications.**

PARENT CONSENT INFORMATION

By enrolling my child in this RE Program, I affirm its goal of inspiring and guiding the personal, ethical and spiritual development of our children and youth within the context of our Unitarian Universalist faith. I also understand that the RE Program of UUYO is made possible by the volunteer commitments of its members, and that I will be asked to contribute some of my time this year to the RE Program.

In the event of a medical emergency, the RE staff has my permission to treat and/or transport my child for medical care if necessary.

My child has permission to participate in any nearby trips that involve walking and are planned as part of the Sunday Morning Religious Education Program, provided that he/she is under adult supervision and I am notified in advance if they are to leave church grounds.

Parent Signature_____ **Date**_____

Parent Signature_____ **Date**_____

Questions? Contact dre@uuyo.org