



OLYMPIA
UNITARIAN UNIVERSALIST
CONGREGATION

Religious Education Registration 2011-2012

(All Children who will attend even occasionally are asked to register)

Child 1, Name:

Age/grade	Birthdate	Medications	Conditions	(describe on page 2)	Or Allergies?

Child 2, Name:

Age/grade	Birthdate	Medications	Conditions	(describe on page 2)	Or Allergies?

Child 3, Name:

Age/grade	Birthdate	Medications	Conditions	(describe on page 2)	Or Allergies?

Child 4, Name:

Age/grade	Birthdate	Medications	Conditions	(describe on page 2)	Or Allergies?

Parent/Guardian #1:		
Address	City	Zip
Phone	Email	

Parent/Guardian #2:		
Address	City	Zip
Phone	Email	

What should the Director of Religious Education and the volunteer teachers know about your children in order to provide the best possible religious education experience for them? Information will be kept confidential, and we value the specialness of each child. Please tell us about special needs and challenges, and any suggestions for how we can best welcome your child to the program.

We are in need of Classroom Assistants who can volunteer regularly in one classroom, about once a month. Assistants must be able to pass a background check. Can you support your child's program by being an Assistant? Please indicate which grade level you prefer.

What special skills would you be willing to volunteer on a special occasion basis? (i.e. music, carpentry, etc.)

Programs

Do You plan to attend (please circle):

First Service 9:15, nursery care and one all ages class using the Montessori-model Spirit Play program

And/Or

Second Service 11:00, nursery care and classes for pre-K, 1-2nd, 3-4th, 5-6th, and 7-8th grade

High School youth group, 12:30-2:30

Please check all other programs that you are interested in:

- ◊ Family Dinners (2nd Saturdays)
- ◊ Crafty Mamas and Papas (1st Saturday mornings)
- ◊ Family Game Nights (occasional)
- ◊ Parent's Night Out (occasional)
- ◊ Family Workshops (occasional)
- ◊ 7-8th grade our Whole Lives Sexuality Education Program (all year)
- ◊ 4-5th grade Our Whole Lives Sexuality Education Program (winter or spring)
- ◊ Yule Play (Nov-Dec)
- ◊ Summer Chalice Camps

Don't see what you need here? Or have an idea for a program you would like to lead? Contact the Director of Religious Education, Sara Lewis, at dre@ouuc.org

Authorizations and Tuition

Snacks

We serve snack as part of our program, and we expect families to provide snack for their child's class once a season or about three times a year. If you cannot do this or have a concern about snack, contact the DRE to explain, or in writing here.

Photo Policy

Photographs are frequently taken of OUUC events, by staff and by church members. Those photographs are gathered for use in slideshows, the newsletter, brochures, wall displays, and other publications. Names are not put with pictures. If you do not want your child's photograph used in these ways, please notify the DRE at dre@ouuc.org or in writing here.

Privacy

The information on this registration form is for the purpose of providing the best and safest possible religious education experience for your child(ren). Your information will be treated with sensitivity and kept confidential whenever possible. Teachers and advisors may have access to the information you have provided, and we may also provide registered families with a class roster for their child's class, including phone numbers and emails.

If you have any objection to the sharing of your information in any of these ways, please tell us here what specific type of sharing is unacceptable to you:

Tuition

We view Religious Education for children and youth as an integral and central part of our congregation's larger ministry. Thus, the overall church budget supports the Religious Education program. Approximately 20% of the RE budget comes from RE registration fees. We ask that families who are able make a donation of about \$40 per child. If you are able to make such a donation, checks may be endorsed to OUUC. Please include "RE Registration" on the memo line. We can now also take donations by credit card in the church office or on the church website.

Disclosure/Authorization

I have provided the Director of Religious Education with all pertinent information concerning the care of my child(ren). I authorize whatever emergency treatment or hospitalization is deemed necessary for the children listed on these registration pages. The authorization is valid through any date I terminate in writing.

Sign and Date: _____