

# FVUUF 2013/2014 RELIGIOUS EDUCATION REGISTRATION

## Please register all children from Nursery to High School Seniors

**Registration Fee:** \$20 per child with a maximum of \$45 per family. This donation signifies registration in the program and is not intended to cover the actual cost of operating the Religious Education Program. *Children attending three or more RE classes will be required to register.* This donation may be burdensome in some cases. You are invited to speak to Kim Hartman, Director of Religious Education.

Parenting adult (first & last name) \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

Parenting adult (first & last name) \_\_\_\_\_

Home phone \_\_\_\_\_ Work/Cell phone \_\_\_\_\_ E-mail \_\_\_\_\_

Address \_\_\_\_\_

(Indicate **Nursery**, **PRE-K**, or **grade** for the 2010-2011 school year)

| Child's Name (first & last) | Birth Date | Grade |
|-----------------------------|------------|-------|
| 1. _____                    | _____      | _____ |
| 2. _____                    | _____      | _____ |
| 3. _____                    | _____      | _____ |
| 4. _____                    | _____      | _____ |

Please list any type of educational diagnosis or educational needs for each child. This information will allow the individuals working with your children to maximize your child (ren)'s educational experience, and will be kept confidential—it will be shared only with those persons working with your child (ren).

Child 1. \_\_\_\_\_

Child 2. \_\_\_\_\_

Child 3. \_\_\_\_\_

Child 4. \_\_\_\_\_

Please list any other special concerns you have for each child. (Please include any behavior concerns, allergies, food restrictions, medications, etc.) Such information is confidential and will be shared only with those persons working with your child(ren).

Child 1. \_\_\_\_\_

Child 2. \_\_\_\_\_

Child 3. \_\_\_\_\_

Child 4. \_\_\_\_\_

## REGISTRATION ACKNOWLEDGEMENT

By signing below I acknowledge my desire to have my child(ren) participate in the Fellowship Religious Education Program. I have read and agree to the policies and procedures and have informed the RE Program of any special considerations regarding my child(ren)'s participation in the program. I am aware my child(ren) may go outside on the Fellowship property for supervised class related activities.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

Knowing our program is only as wonderful as those who are involved, we are wondering if you would be willing to help out by volunteering to participate in the Religious Education program?

If you are willing and able at this time please check the appropriate box(es).

I would be willing to teach in the Religious Education Program.

Nursery

4 year -old and Kindergarten

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Grade

4<sup>th</sup>-5<sup>th</sup> Grade

Middle School

Be on a sub list for one of the following...

Nursery

4 year -old and Kindergarten

1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> Grade

4<sup>th</sup>-5<sup>th</sup> Grade

Middle School

I would be willing to do some outside set-up for the Religious Education program (gathering supplies, helping with room set up ahead of time, etc.)

I would love to lend my creative talents to help build or create educational props and objects (i.e classroom alter, project examples, large educational props such as a Jewish Sukkah, prepare food, etc.) in the classrooms.

\_\_\_ I would love to volunteer as a chaperone and or driver for the Middle School's Neighboring Faith's program.

\_\_\_ I would love to lend my singing talents in teaching children simple songs.

\_\_\_ I would be willing to be a guest speaker in the classroom. My topic would be \_\_\_\_\_ . (Ex. Science, art, archeology, a particular faith tradition, music, etc.)

**Thanks for all you do to help keep this program vibrant and innovative.  
Know all you do is appreciated!**

## **Photo & Web Site Permission Form**

The Fox Valley Unitarian Universalist Fellowship recognizes that websites are becoming a primary mode of communication. We believe that graphics exhibited on our website will improve the site. On the other hand, we understand the global nature of both written and Internet forms of communication concerns people need for privacy. In order for us to alleviate any potential misunderstandings, we require that this form be filled out, signed and submitted to our office by parents of children or youth before they can be posted to the website. At no time will names, personal addresses or phone numbers be posted on the site or distributed in any other manner.

\_\_\_ I **DO** authorize the Fox Valley Unitarian Universalist Fellowship to publish photos of my child on the web site [www.fvuuf.org](http://www.fvuuf.org).

\_\_\_ I **DO NOT** authorize the Fox Valley Unitarian Universalist Fellowship to publish photos of my child on the web site [www.fvuuf.org](http://www.fvuuf.org)

Name of child: \_\_\_\_\_

Name of parent: \_\_\_\_\_

Signature of parent: \_\_\_\_\_

Date of signature: \_\_\_\_\_

**If mailing please send to Cyndi Polakowski at**

P.O. box 1791  
Appleton WI, 54912