

Children & Youth Faith Development Registration

2011-2012

Registration is complete when all three forms are completed and returned.

Child's/Youth's Name	Birth Date	Grade in Fall 2011
1 _____	_____	_____
Email: _____		Cell Phone: _____
2 _____	_____	_____
Email: _____		Cell Phone: _____
3 _____	_____	_____
Email: _____		Cell Phone: _____

Parent/Guardian Information: If applicable, note where child lives. In addition, note if your contact information cannot be shared outside of office use.

Parent/Guardian Name _____	Parent/Guardian Name _____
Street _____	Street _____
City _____ Zip _____	City _____ Zip _____
Home Telephone _____	Home Telephone _____
Cell Phone _____	Cell Phone _____
Home E-Mail _____	Individual E-Mails _____

The best way to reach us is: Home Phone Cell Phone Home Email Individual Email Mail

Please Initialize:

_____ If my child is in nursery- eighth grade I agree to be on church premises during Sunday

morning activities.

_____ In the event of an evacuation, I will get my child from the church evacuation site at Emmanuel Lutheran Church on the corner of Pine Street & Walnut Street.

_____ I give consent for my child's photo/video image to be used in church publicity; names will not be published.

Financial Support (Check One):

_____ I have made a financial pledge to UUCL for this church year.

_____ I have not pledged this year but will contribute (suggested minimum contribution \$300).

FAMILY PARTICIPATION FORM

Everyone makes the faith development programs for children and youth thrive. Parents/guardians, children, & youth, we want your involvement. Write your initials next to an item you are willing to help with. If you have an idea not listed here, write it on this page.

Parent & Guardian Engagement Opportunities (Check at least one):

- _____ CO-TEACHER (preschool- 8th grade): I would like to speak with the Director of Lifespan Faith Development about being a volunteer co-teacher.
- _____ YOUTH GROUP ADVISOR (9th-12th grade): I would like to speak with the Director of Lifespan Faith Development about being an advisor.
(Note: advisors cannot be parents/guardians of currently enrolled high school youth).
- _____ FUTURE OUR WHOLE LIVES (OWL) TEACHER: I am interested in attending an OWL training so I could teach a future OWL course.
- _____ COMMUNITY BUILDING: I will help plan a community event (dinner, party, etc).
- _____ SOCIAL JUSTICE: I would like to assist in planning social justice projects.
- _____ CHAPERONE: I am interested in chaperoning a special event.
- _____ DRIVER: I am willing to drive for church-sponsored events.

Children & Youth Engagement Opportunities (Check at least one):

- _____ CLASSROOM CREW: I will work with a crew of children and youth once this year to do things like sharpen pencils, test markers, and make bulletin boards.
- _____ CHEERFUL GREETER: I am willing to greet people as they arrive at church.
- _____ WORSHIP ASSISTANT: I am willing to help tell a story, usher, read a poem, play music, or light the chalice during worship. (Circle what you are willing to help with).
- _____ BIRTHDAY WISHES: I love birthdays and would like filling out a birthday postcard with warm wishes or a picture for someone.
- _____ BOOK/MOVIE DISCUSSION LEADER: I enjoy books & movies and would like to create an opportunity for children and youth to discuss a book or movie together.
- _____ SPECIAL EVENT ASSISTANT: I like helping to plan parties, game nights, or community meals. I would like to play a role in some fun, special event.
- _____ TEACHING ASSISTANT: I am in high school and would like to learn more about helping with a class of younger children.

FIELD TRIP PERMISSION AND MEDICAL/ INSURANCE FORM

Policy requires medical information be kept on file in the event of a medical emergency during a church-sponsored activity. Should an injury occur, every effort will be made to contact parents or legal guardians. For field trips, you will receive a permission slip to sign stating that you give permission for your child to attend the event. The below medical information will be kept on file for the year to accompany chaperones for field trips your child participates in. Any changes or updates to this information should be shared with the Director of Lifespan Faith Development.

Walking Trip Permission Slip for UUCL Faith Development Programs

I _____ grant my child/ren _____ permission to leave the church building and premises under the supervision of class leaders and without **prior notice to me** for walking trips and related activities during Sunday programs. This consent is valid through September 2012.

Signature of parent or legal guardian: _____ Date: _____

Release Form and Authorization for Emergency Medical Treatment

I agree and hereby do release and hold harmless the Unitarian Universalist Church of Lancaster and/or any and all adult supervisors for the activity, from and for any and all liability which may arise for damages, loss or injuries, either to person or property, which my son/daughter may sustain while engaged in the activity conducted, including, but not limited to, any damages, loss or injuries that may be sustained through transportation to and from the activity. I further agree to assume responsibility for any liability which may arise for damages, loss or injuries, as described herein which may be caused or contributed to by my son/daughter to the person or property of others.

Should any injury occur, I grant permission for my son/daughter to receive treatment from an appropriate health care provider to be selected by the adult supervisor of the activity, when, in such supervisor's opinion, the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. I also agree to pay and be responsible for all medical, hospital or other expenses which the Unitarian Universalist Church of Lancaster and/or any and all adult supervisors may incur as a result of securing such treatment.

Name: _____ Signature: _____ Date: _____

Home Address: _____

Home Phone Number: _____ Emergency Phone Number: _____

Name & phone of adult if parent/guardian is unavailable at time of event: _____

Family Physician: _____ Physician's Phone Number: _____

Allergies, Medical Conditions, & Dietary Restrictions: _____

Current Medications: _____

Please note any learning preferences/behaviors about your child/youth:

Check here ___ if you want the Director of Lifespan Faith Development to call you about your child/youth.