

## Countryside Church Unitarian Universalist Religious Education Registration 2009-2010

Household Name \_\_\_\_\_ Household Phone \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (Zip)

Parent/Guardian	Cell Phone	Work Phone	E-mail

Please let us know if your child has special interest and skill to share in our worship services: reader, vocalist and/or instrumentalist (indicate which instrument/s). RE Classes are generally grouped by age: CC (Chalice Children: infant-age 3½ ); SP (Spirit Play: age 3 - Kdgt); Grades 1-2; 3-4; 5-7; 8; High School. We generally register children by the age/grade of each child on Sept. 1, 2009. If you have any questions about the best class for your child, please contact our Director of Religious Education, Colleen Vahey, 847.359.8440 x4.

Name of Child	Date of Birth	Grade	Name of School	Read/Sing/Instrument

Please describe any special needs (learning challenges, food allergies, health concerns or other situations of which we should be aware. Please describe any techniques for dealing with your child's situation that may be helpful for us to know about (use reverse if necessary).

---



---



---

Children in Grades 5 & older will be released at 11:45 each Sunday. **All children, infants-Grade 4 need to be picked up at the classroom by a parent/guardian.** If anyone other than the adults listed above has your permission to pick up your child, please indicate their name and relationship below:

---

**Countryside Church Unitarian Universalist  
Religious Education Program Release & Consent Form**

(Only one form needed per family; please print carefully)

Household Name/s \_\_\_\_\_ Household Phone \_\_\_\_\_

Parent/Guardian	Cell Phone

On behalf of my child(ren), I hereby release and discharge CCUU from any claims from incidents which may occur during R.E. program activities. In the case of a medical emergency, I, as parent or guardian of the minor child(ren) registered, shall be immediately contacted by CCUU if and to the extent such contact is practicable. I do hereby give permission to the R.E. staff and volunteers of CCUU to give first aid and/or take my child either to the nearest medical facility, or to:

Hospital \_\_\_\_\_ Phone \_\_\_\_\_, or to call,

Physician \_\_\_\_\_ Phone \_\_\_\_\_

I also give the physician and/or hospital permission for any and all procedures necessary for the treatment of my child(ren). This release and consent shall be effective until revoked in writing by the undersigned.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information**

Medical allergies \_\_\_\_\_

Chronic illnesses or other medical conditions \_\_\_\_\_

Other contact in case of emergency: Name \_\_\_\_\_

Phone

Numbers: \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

ID # \_\_\_\_\_

**Communications Consent**

\_\_\_ Yes \_\_\_ No Do you give consent for your child's photo & video image to be taken during activities in our RE program?

\_\_\_ Yes \_\_\_ No Do you give permission for these images to be used on bulletin boards, newsletters, and in the sanctuary?

\_\_\_ Yes \_\_\_ No Do you give permission for your child's image, work, or interview to be used in a media release to area newspapers?

**Our religious education program is a cooperative effort  
to nurture the spiritual growth of our young people!  
The vitality of our program depends upon everyone's involvement and support.  
Each registered family who has been attending for 6 months or more is asked  
to fulfill at least one volunteer role each year.**

## Volunteer Opportunities

**Family Name:** \_\_\_\_\_

**Please indicate your preferred role (1st, 2nd and 3rd choice):**

\_\_\_\_\_ Classroom Teacher (6 wks)

Please circle preferred trimester:

Fall, Winter, Spring

Please indicate which class/es:

Nursery/Preschool

Spirit Play (ages 3.5-K)

1<sup>st</sup>-2nd Grade

3<sup>rd</sup>-4<sup>th</sup> Grade

5<sup>th</sup>-6<sup>th</sup> Grade

7<sup>th</sup>-8<sup>th</sup> Grade

Senior High

\_\_\_\_\_ Classroom Assistant (6 wks)

\_\_\_\_\_ Coordinate Winter Holiday program

\_\_\_\_\_ Administrative Work – phone calls,  
mailings, etc.; please specify times you're available

\_\_\_\_\_ RE Clean-up Days – June & August:  
clean classrooms, organize closets, painting, decorating

\_\_\_\_\_ RE Greeter – welcome & orient visitors  
30 min. prior to service for one month; please indicate  
which months you're available

\_\_\_\_\_ RE Floater – be available in hallway  
during RE hour to help w/ safety awareness, supplies,  
bathroom breaks, children needing extra attention, etc.;  
please indicate which month/s you're available

\_\_\_\_\_ Teacher Appreciation – organize  
teacher appreciation gifts each trimester, help w/ winter  
luncheon

\_\_\_\_\_ Teach Summer RE Classes

\_\_\_\_\_ RE Program Sextons – help clean and  
organize RE classrooms and supplies

\_\_\_\_\_ Decorate hallways and bulletin boards  
(1x/month)

**Please let us know if you have a spiritual experience, knowledge of a religious tradition other than UU,  
or any skill (gardening, music, dance, photography, sewing, cooking, sign language, crafts, etc.) you'd like to  
share:**

---



---

**Thank you so much!**

