

First Unitarian Universalist Society of Albany



405 Washington Avenue, Albany, NY 12206
 518-463-7135
A Welcoming Congregation

Office Use Only

Family name _____

Health Alert _____

Registration Fees
 ___ RE fees paid in full
 ___ POK

Office Use Only

Religious Education Program Registration

Annual Registration Fees

	<i>One child</i>	<i>Two children</i>	<i>Three + children</i>
Pledging Families:	\$35	\$50	\$65
Non-Pledging Families:	\$50	\$70	\$85

Make check payable to FUUSA.

Church year 2017-2018

Date _____

Parent/Guardian #1

 Name
IF no changes in address or contact info since last year, no need to complete these lines below.

 Address

 Home Phone

 Cell Phone

 E-mail

Parent/Guardian #2

 Name
IF no changes in address or contact info since last year, no need to complete these lines below.

 Address

 Home Phone

 Cell Phone

 E-mail

Children being registered:

_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pronoun	_____ Date of birth	_____ Grade

Continue on next page.

Food Allergies/Sensitivities/Restrictions

We serve simple snacks most Sundays. Please list foods your child can't/shouldn't eat.

Child's Name _____ Foods _____

Child's Name _____ Foods _____

Child's Name _____ Foods _____

Child's Name _____ Foods _____

I give my permission for emergency medical treatment to be given to my children.

Parent/Guardian signature

Date

Our U.U. Religious Education Program is a cooperative endeavor. R.E. volunteers learn new skills and make lifelong connections to people of all ages. Which activities will you sign on for this year?

Mark 1 for Parent/Guardian #1 and 2 for Parent/Guardian #2: Select one or more

___ Join a Teaching Team

___ Youth Group advisor

___ Lead social justice sessions on occasion

___ Play piano for Family Chapel

___ Our Whole Lives (K/1) instructor/get training

___ Substitute teach

___ Lead/Assist with intergenerational activities

___ Summer session

___ Serve on Religious Education Council

___ Play instrument/lead songs in classrooms

Thank you! Our R.E. program is consistently excellent because of dedicated volunteers.

I understand that photos may be taken of my child(ren) and used for FUUSA/RE program purposes, including posting on the Web. My child will never be identified.

Please notify me EACH TIME you'd like to use my child's face in FUUSA print publications or on the Web.

Parent/Guardian signature

Date

Religious Education: Parent/Caretaker Questionnaire for Inclusion 2017-18

I am excited to have your child in our Religious Education Program this year. As your Director of Religious Education, I want to partner with you and the RE volunteers to make Sunday morning experiences at as Albany UU fun, safe, and positive as possible for your child. Here is an optional questionnaire so that the volunteers and I can get to know your child, how they learn best, and what you hope your child will get out of this experience.

Please answer each question with as much or as little detail as you like. All of your answers will be kept confidential, and only shared with RE Staff and volunteer guides who will support your child this year. You are welcome to update your answers at any time by emailing me at dre@albanyuu.org. Parents/caretakers may also contact me by calling the office at Albany UU at 463-7135 if you prefer to share information about your child verbally.

Thank you,

Leah Purcell, Director of Religious Education

Name of each child (Feel free to fill out a form for each of your children)

1. What do you hope your child will get out of RE this year?

2. What makes your child the happiest? What are your child's favorite things (toys, books, TV shows, people, activities, etc.)?

3. How does your child learn the best (listening, watching, hands-on, reading, writing, moving, etc.)? Are some learning modalities harder for your child (listening, watching, hands-on, reading, writing, moving, etc.)?

4. Does your child have any health issues, challenges or disabilities that you would like us to know about? We want to make sure that your child feels comfortable in RE and that we support their needs as best that we can. Please provide as much detail as you would like, including strategies to help them feel safe and focused.

5. If your child has a disability, do they have a formal diagnosis? Is your child aware of the diagnosis? Would you be willing to work out a plan with Leah for your child for the RE program?

6. How can we best soothe your child if they are upset?

7. What other things would you like us to know about your child?

8. Please cut and paste a photo of your child here.