

# 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 2016-2017

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	_____ Pref. Gender Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pref. Gender Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pref. Gender Pronoun	_____ Date of birth	_____ Grade
_____ Last Name	_____ First Name	_____ Pref. Gender Pronoun	_____ Date of birth	_____ Grade

*Continue on next page.*



### Health Information

Is there anything we should know about your child/children that will help us to relate supportively? Please list allergies and describe special needs.

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

Child's Name \_\_\_\_\_ Notes \_\_\_\_\_

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