



Religious Exploration Registration

(Please register all children from Nursery to High School Seniors)

Today's Date _____

Child's Name	Birthdate	Grade
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent/Guardian #1

Name _____

Email _____

Home Address _____

City, State, Zip _____

Home # _____ Cell # _____ Work # _____

Occupation _____ Hobbies _____

Parent/Guardian #2

Name _____

Email _____

Home Address _____

City, State, Zip _____

Home# _____ Cell # _____ Work # _____

Occupation _____ Hobbies _____

By signing below I acknowledge my desire to have my child(ren) participate in the Stevens Point UU Fellowship Religious Exploration 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 off site the Fellowship property for supervised class related activities.

Signed _____ Date _____

RE Adult Volunteer Opportunities

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

_____ I would be willing to teach in the RE program.

_____ Sunday morning 1st through 4th grade program

_____ Wednesday evening 5th through 10th grade program

_____ Wednesday evening 11th through 12th grade program

_____ Be on a sub list for one of the following

_____ childcare, birth through 5 years

_____ 1st through 4th grade class

_____ 5th through 10th grade middle school

_____ 11th and 12th grade high school

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

_____ I would be willing to help with the Fellowship Wednesday Program as a volunteer in the classroom or nursery. This would not be each Wednesday – but on a needs basis)

_____ I would love to lend my creative talents to create wonderful interactive bulletin boards in the classrooms.

_____ I would be willing to help with clean up after RE classes and programs.

_____ 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.)

Signature _____

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



Medical Release & Field Trip Authorization

Must be completed & signed annually by a parent or guardian for each child.

Name _____ Birthdate _____ Grade _____

I, _____ (name of parent or guardian) am the parent or legal guardian of _____ (child's name). I give my consent for him/her to participate in any and all events, activities and field trips sponsored and endorsed by UU Fellowship during the period from September 1st to August 30th the following year.

I give my consent and authority for the UU Fellowship designated adult volunteers to take action to help insure the safety, health and welfare of my son/daughter/ward. I also empower and authorize the UU Fellowship designated adult volunteers to authorize medical personnel. Physicians and hospitals that they select to provide all medical care and treatment, including but not limited to hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery, injections and prescriptive drugs for the health of my child. I understand that I am responsible for any charges incurred. I also authorize the release of any and all information necessary to provide for the medical care and treatment.

I acknowledge that by participating in the UU Fellowship sponsored events my child/ward may be involved in activities occurring both on and off church property, during both day and evening hours, occasionally involving overnight stays, requiring transportation by motorized vehicles, involving the preparation and consumption of food and involving the use of tools, equipment, fire and other materials. I further acknowledge that by participating in UU Fellowship related activities, my child/ward may become involved in recreational and sporting activities, including but not limited to hiking, climbing, bicycle riding, rafting/canoeing, Frisbee, laser tag, yoga and bowling. Accordingly, I acknowledge that participation in UU Fellowship sponsored activities involves certain dangers and risks and may expose my child to hazards of bodily injury and property damage.

In recognition of these risks and in consideration of my child/ward being allowed to participate in and benefit from these UU Fellowship sponsored events, I agree on behalf of myself and my child/ward to release, waive and disclaim any and all liabilities of, or claim against UU Fellowship, its officers, board members, agents, servants, employees and all persons volunteering services without charge to transport, supervise and/or chaperone my child/ward while participating in such UU Fellowship sponsored activities, including but not limited to any and all liabilities or claims for personal injury, property damage, court costs, attorneys' fees and interest, however caused or accrued as a result of my child/ward participating in such UU Fellowship sponsored events.

I understand that this document is valid for all of the current church year, unless revoked in writing and delivered to the board of the UU Fellowship. I further understand that it is my responsibility to keep current information contained in the records held in the church office including, but not limited to, my address, phone number, emergency contact and insurance information.

A photocopy of this consent form shall be as binding as the original.

Signature of Parent or Legal Guardian Date

Emergency Contact _____

Telephone numbers _____

Medical Insurance Carrier _____

Policy # _____ **Group #** _____

Please list any special concerns on page 4 of this document.



Supplemental Information

(Must be completed & signed annually by a parent or guardian for each child.)

Child's Name _____

Please describe below any medical condition, including medications and allergies, that your child/ward has that you believe that the UU Fellowship volunteers should be aware of to better provide his or her care:

Please list any special needs that your child/ward has:

Is there anything teachers should know that would be helpful in working with your child/ward?

The Children's Religious Exploration of UU Fellowship will keep all information confidential.



Texting Permission Form

(Must be completed & signed annually by a parent or guardian for each child.)

We at the Stevens Point UU Fellowship understand the ever-changing ways teen communicate. Because we know many young people do not check their email regularly and many of them have texting phones, we would like to be able to text the youth regarding upcoming dates and events. These texts will be informative in nature only and we would be more than happy to text you with the information as well. The text numbers would only be given to authorized adults in the Fellowship. If this applies to you and /or your teen, we would need permission to text the young person.

_____ I DO authorized the Stevens Point UU Fellowship to text my child with information regarding the youth programs.

_____ I DO NOT authorized the Stevens Point UU Fellowship to text my child.

_____ I would like to be texted along with the text that is sent to my child.

Name of Child 1: _____ Texting Number _____

Name of Child 2: _____ Texting Number _____

Name of Child 3: _____ Texting Number _____

Name of Child 4: _____ Texting Number _____

Name of Parent/Guardian: _____

Texting Number _____

Signature of Parent/Guardian _____

Date _____



Web Site Photos & Internet Usage Permission Form

(Must be completed & signed annually by a parent or guardian for each child.)

The Stevens Point UU 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 RE committee 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.

In addition the Internet has become a wonderful resource for exploring and learning. There may be times when RE classes will utilize the Internet to help supplement teaching materials. We would need your permission for your child to use the Internet while being supervised in a classroom or youth activity.

Photos

_____ I DO authorized the Stevens Point UU Fellowship to publish photos of my child on the website www.spuuf.org.

_____ I DO NOT authorized the Stevens Point UU Fellowship to publish photos of my child on the website www.spuuf.org

Internet Usage

_____ I DO authorized the Stevens Point UU Fellowship to have my child(ren) utilize the Internet while being supervised in a classroom or youth activity.

_____ I Do NOT authorized the Stevens Point UU Fellowship to have my child(ren) utilize the Internet while being supervised in a classroom or youth activity.

Name of Child 1: _____

Name of Child 2: _____

Name of Child 3: _____

Name of Child 4: _____

Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date of Signature _____