

**Unitarian Universalist Church in Cherry Hill  
Religious Education Registration Form 2010-2011**

Today's Date:

Parent/Guardian Names:

Address:

City State:

Zip Code:

Home Phone:

Having your most up-to-date contact information will help Religious Education staff and volunteers find you in an emergency. Please include a cell phone or additional numbers if they would help us reach you. Contact DRE if your information changes.

Cell Phone:

Additional Emergency Contact:

Child's Name	Birth Date (mo/date/yr)	Age	Grade in Fall 2010

The Chalice Children (preschool) class is geared toward children who reach their third birthday on or before September 30, 2010. Other grades correspond with school grade. Bring questions to DRE.

If your child is in 4<sup>th</sup>, 5<sup>th</sup>, 8<sup>th</sup>, or 9<sup>th</sup> grade, should we expect your child to participate in OWL?

*OWL (Our Whole Lives) is a sexuality education curriculum from the Unitarian Universalist Association*

Yes \_\_\_\_\_ No \_\_\_\_\_ Not sure; I want to speak with DRE \_\_\_\_\_

OWL program dates are: Oct. 10-Dec. 19 (for 8<sup>th</sup> + 9<sup>th</sup> grades) / Feb. 6 – Mar. 27 (for 4<sup>th</sup> + 5<sup>th</sup> grades).

**Our registration fee is \$25 per child (maximum of \$60 per family). The fee helps cover the costs of classroom snacks, supplies, and other necessary program expenses not covered by the church's operating fund. Checks should be made payable to UUCCH. Please submit payment within three weeks of registering. Send check and this form to: ATTN: DRE, Unitarian Universalist Church in Cherry Hill, 401 N. Kings Highway, Cherry Hill, NJ 08034**

Please note any allergies, illnesses, or family situations that might impact the well-being of your child in the classroom. This will greatly benefit your child by allowing the teacher and the DRE the opportunity to be fully prepared to offer a positive classroom experience for all. All information is treated with respect and confidentiality.

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Is there anything the volunteers can do to make your child more comfortable?

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Does your child have special needs the DRE and/or teachers should know about?

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**Volunteering:** Religious education at UUCCH as a cooperative program depends on your involvement. Parents who are new to the program may volunteer in all areas except classroom teacher during their first six months. Please indicate on the back page how you expect to contribute your time to help ensure a successful RE year. Each parent should accumulate a minimum of 3 volunteer points over the course of a semester. Please see the *Parents' Guide* for the distribution of volunteer points and the descriptions of projects. Please list the adult(s) who will be helping in the RE program and indicate at least three areas of interest.

Adults' Names		
Phone Number		
Best Time to Call		
E-mail address		
Classroom Teaching Team (indicate age group)		
Substitute Teacher (indicate age group)		
Nursery Substitute		
RE Events/Special Projects		
Snack and Supply Team		
Service Projects		
Holiday Party		
Wreath Sale		
Spring Egg Hunt		
RE Sunday Picnic		
Coming of Age		
CREC		
Other:		
Other:		

By signing below, I confirm that:

I have received a copy of the Parents' Guide to the 2009-2010 Religious Education Program and I agree to comply with the policies and procedures outlined in that document.

I understand that Religious Education at UUCCH is a volunteer-run program. UUCCH staff selects the curricula and supervises the program. Volunteers take responsibility for the implementation of the curricula during Sunday school. All teachers sign a Code of Ethics, which is available to me upon asking the DRE. UUCCH's intent is to protect my child's emotional and physical safety at all times.

Please check one of the two options below:

I agree to let my child be photographed and/or videotaped during RE classes and activities. I understand these materials will be used only for UUCCH, JPD, and UUA purposes to promote programs in UUCCH, JPD, and UUA publications.

I do not agree to the use of photographs and/or videotapes of my child during RE classes and activities to be used outside of the RE classroom.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*For Office Use Only*      Total amount paid \$ \_\_\_\_\_      Date \_\_\_\_\_       Check #       Cash  
 Payment allocation      CREC \$ \_\_\_\_\_      JYG \$ \_\_\_\_\_