

*Unitarian Universalist Fellowship of Briarcliff, Croton and Ossining
Religious Education Registration
2009-2010*

Name of Child	Birth Date/Grade Entering in School	Address	Cell Phone and Email (for youth)	Last Year's RE Class	Allergies

Name of Parent	Address	Home Phone	Cell Phone	Email

*Religious Education is a shared ministry. How will you share this ministry?
We ask that at least one parent participate in our program.*

Name of Participating Parent: _____

_____Teacher _____Helping Hand _____RE Committee _____Special Events

_____Art Teacher _____Music Teacher _____Jr. Youth Group Advisor

_____Sr. Youth Group Advisor _____Other (please explain)

___ Unless you check here, your permission for the RE program to use photographs of your child(ren) in publications and on our website will be assumed.

In the event of an accident, every attempt will be made to contact you. In case you can't be reached, who might be an emergency contact? (name and number) _____

If neither the parent nor the emergency contact can be reached, your return of this document will be understood as authorization to administer emergency medical aid to your child. You will accept financial responsibility for any and all emergency medical care provided.

Child/Youth's Physician: _____ Phone: _____

Insurance Company: _____

Policy Number: _____

If you do not agree and are refusing this emergency response, please indicate that by checking here: _____

Does your child have any special needs you would like your DRE to know about? (Custody Arrangements, Health Issues, etc.)
