

First Unitarian Universalist Society of Albany



405 Washington Avenue, Albany, NY 12206

518-463-7135

A Welcoming Congregation

Family name

Health Alert

Registration Fees

___ RE fees paid in full

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.

Date _____

Parent (Guardian) #1

Name

Address

Home Phone

Cell Phone

E-mail

Parent (Guardian) #2

Name

Address

Home Phone

Cell Phone

E-mail

Children being registered:

Last Name

First Name

Date of birth

Grade

Last Name

First Name

Date of birth

Grade

Last Name

First Name

Date of birth

Grade

Last Name

First Name

Date of birth

Grade

Turn page over

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 which includes formal teaching (church school) and intergenerational events. Parents are expected to help in some way each year. Do your part by signing up to help with any activities that you can.

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

Regular

- Team Teach a class (2 Sundays/mo. for 1 term)
- Youth Group advisor
- Rite of Passage mentor
- Our Whole Lives. instructor
- Serve on Religious Education Council

Occasional

- Substitute teach
- Assist with intergenerational activities
- Present craft for holiday craft workshop
- Make phone calls from home
- Recruit volunteers
- Music

Thank you!

Photos may be taken of your child(ren) and used for FUUSA/RE program purposes, including posting on the Web. We will NEVER identify your child. Sign here if you DO NOT wish that we use photos of your child(ren).

Parent/Guardian signature

Date