

# First Unitarian Universalist Society of Albany



405 Washington Avenue, Albany, NY 12206

518-463-7135

*A Welcoming Congregation*

Family name \_\_\_\_\_

Health Alert \_\_\_\_\_

## Registration Fees

\_\_\_ Pledging Family

\_\_\_ RE fees paid in full

\_\_\_ Fee reduction/hardship approved by DRE

*Office Use Only*

## Religious Education Program Registration

### Annual Registration Fees

These nominal fees only begin to cover the costs of the RE program. The bulk of the expense is covered by pledges made by congregation members and friends. If you do not currently pledge, you can give ongoing support to this program by completing a pledge form.

	<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 #1

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Parent #2

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

### Children being registered:

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## Health Information

Is there anything we should know about your child/children that will help us to relate supportively during this church school year? Please list: allergies, epilepsy, diabetes, physical/learning disabilities, medications, etc.

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 their child is in attendance. Do your part by signing up to help with any activities that you can. Please sign up to assist in your child's classroom and to provide snack at least once each semester.

### Opportunities for Involvement

*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
- O.W.L. instructor
- Serve on R.E. Council
- Maintain children's library

#### **Occasional**

- Substitute teach
- Assist with intergenerational activities
- Present craft for holiday craft workshop
- Drive on field trips
- Accompany class on trips
- Make phone calls from home
- Recruit volunteers

Other talents or resources you could offer: \_\_\_\_\_

Thank you!