

# 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.*

Church year 2011-2012

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.

I DO NOT give blanket permission for my child's/ren's likeness to appear in FUUSA print publications or on the web.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date