

Unitarian Universalist Fellowship of Falmouth Faith Formation Program

Annual Registration Form 2018-2019

Debi Keller Wood, Director of Faith Formation Email: dre@uuffm.org

I. Parent(s)/Guardian(s): First and Last Names:

Parent #1 _____ Parent #2 _____

E-Mail: _____ Home Phone _____ Cell Phone _____
#1 _____

#2 _____

II. Child(ren): Infant through Grade 12

Class assignments for younger children are made on the basis of grade as of September 1, 2018:

Grade in Sept. 2018	Full Name(s) of Child(ren)	Date of Birth	New to UUFF	Preferred Pronoun
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

III. Child's Primary Address to receive mail

Street _____ Town _____ State _____ Zip _____

IV. Medical I hereby give UUFF staff or volunteer's **permission** to obtain medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Signed _____ Date _____

V. Field Trips I give **permission** for my child(ren) to take walks within the church vicinity with their teachers. I understand that a special permission form will be provided to me for all other field trips.

Signed _____ Date _____

VI. Please use this space (or another page) to share information that will help us ensure a positive experience for your child. (Except for allergies, this information will be kept confidential). Please know that this information will only be used in confidence to create the most positive experience possible. Please speak with Debi Keller, DFF, if you would like to share any added information in order to achieve this goal.

____ Allergies (please specify name & allergy below) _____ Other specific medical needs/personal concerns (specify name & need below)
____ Medications ((please specify name & medication below) _____ Uses Epi-Pen (please specify name below & if the child has it with him/her)
____ Hearing/Vision/Attention difficulties (please specify below) _____ Is not up to date with immunizations/have chosen not to vaccinate for...
____ Dietary Restrictions _____ Receives support in school (specify name & type of assistance below)

2018-2019: Annual Volunteer Information Religious Education

***This is a cooperative program. Participation is what makes this program to work.
Please sign up to help in the ministry to our children and youth.***

Step 1: Your Name: _____

Registration Volunteer Options

1. 9 out of 16 classes (Teaching Teams of 4 will coordinate teaching days)
2. 5 Special/Social Justice Sundays
3. Assist the DRE with 6 special Sundays
4. Help to Coordinate 6 Multi-generational activities w/ DRE support during year
Rainbow Sunday, Coastal Clean Up, Deck the Halls, Animal Ceremony, Easter Sunday, R.E. Party

Step 2: Please check two teaching possibilities below, put a (1) for your **first choice**, a (2) for your **second choice**. We will try to accommodate your first choice but please remember that we are trying to create the best experience possible for the children and volunteers and therefore need to request flexibility in order to do this.

CLASS please label 1st and 2nd choice of support

Teaching Team _____	Social Justice _____	Special Sunday _____	Multi-gen Activities _____
Care Giving 0-K	Play in the Nursery	_____	
1-3rd Grade	UU Superheroes	_____	
4-6th Grade	Amazing Grace	_____	
7-8th Grade	Our Whole Lives	_____	
9-10 th Grade	Coming of Age	_____	
Youth Group	meetings and events	_____	

If you feel that you may have difficulty helping the program due to personal reasons and you would like to talk to the DRE or an R.E. Committee Member about this difficulty, please check 'YES' to receive a follow-up phone call before we assign you to a teaching role. _____ Yes, please call.

Specialties

In order to balance our teams, we would like to know what interests and/or talents you could share with our children. (Please circle all that apply) COOKING SOCIAL ACTION ART MUSIC DRAMA GAMES Other: _____

Are you new to UUFF _____? Are you a signed member of our congregation? _____

We always welcome and are very grateful for help in all areas of the Religious Education Program (ex. Computer input, copying, cutting out activities, bulletin board displays, communication, music, filling weekly folders, etc) If you have a skill you would like to volunteer, please fill in below and/or contact the DRE or someone on the R.E. Committee, and thank you in advance.

** We want new families to feel settled at our Fellowship and have a chance to meet people before teaching, so we would like to offer a six-month "getting to know things" period before teaching. If you have any questions please contact the DRE.*

We look forward to a wonderful 2018-2019 year!

The Faith Formation Committee and Debi Keller Wood (DFF)

Administrative Information Received _____ Registered _____ CORISubmitted/returned _____ Child Safety Policy _____

IMAGE AND INFORMATION RELEASE CONSENT FORM

Unitarian Universalist Fellowship of Falmouth, MA

As part of our Religious Education Program we take photographs and videos of children in action as they participate in the classrooms, field trips, Intergenerational events, social justice action, UUFF events, etc. We would like you to indicate below what uses of images of and information about your child you are comfortable with. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents.

- Images** of my child(ren) or myself may be used for **external print publications** (such as newspapers), **UUFF Website and Facebook** page, and any other future internet presence. These may include but are not limited to: appreciation ceremonies, Social Justice participation, other church events, classroom and hallway posters, etc.
- Images** of my child(ren) or myself may be used as part of **UUFF printed material and publication** (i.e.: pamphlets, brochures, welcome packets for potential families who may join UUFF) and may be used at UUFF workshops i.e.: Religious Education workshops, teacher training, and other internal UUFF activities.
- My child's name may be used in the **directory available on the UUFF website** for members only and hard copies.
- Please **do not** use ANY images of my child(ren) in ANY way.
- Other (please specify your needs) _____

I have read the above description and give my consent for the use of the images as indicated above.

Child(ren)'s name(s): (please print)

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date