

## 2011-2012 RE Program Year REGISTRATION FORM

First Parent/Caregiver

Second Parent/Caregiver

Name: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_

Child/Youth Names	Birthday (mm/dd/yy)	Grade (2011-2012)	Allergies, Medications, Special Needs
_____			
_____			
_____			
_____			

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Each family is asked to volunteer approximately 20 hours per year in our Religious Education Program by either teaching on Sunday mornings, teaching a supplemental class, leading a field trip, staffing the nursery, or staffing a holiday event. The RE Program is a Volunteer led program and can only function well when Every Family participates. Children and Youth MUST be registered to participate regularly in the Religious Education Program at UUFWS.

\_\_\_\_\_ signature

\_\_\_\_\_ date