

2015-2016 Church School Registration

First Parish Church Unitarian Universalist

Billerica, MA 01821

Name of child (Last, First) _____

Birth Date _____

Age _____

Parent/Guardian Name(s)

(Last, First) _____

Street _____

Town _____

State _____

Zip _____

(Last, First) _____

Street _____

Town _____

State _____

Zip _____

Contact Information

Home _____

Cell _____

Emergency Contact during services:

Prefer in person: ____ Text: ____ Cell: ____

Contact Information

Home _____

Cell _____

Emergency Contact during services:

Prefer in person: ____ Text: ____ Cell: ____

Please give us an e-mail address that you use frequently and can accept Word attachments so that we can send permission slips, letters, or fliers by email.

Preferred e-mail address

Do not use e-mail for communication _____

Preferred e-mail address

Do not use e-mail for communication. _____

Are there any special conditions, circumstances, or needs that may affect your child's ability to participate in Religious Education activities? Is so, please describe so we can serve your family better: _____

This PDF form is designed so that you may save a copy of the PDF on your computer. You can fill out the parent /guardian information one time and update the child/youth information for each child. If you prefer to submit this form via e-mail, please save the form with your child's name as part of the file name. Thank you.

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Child Name _____

Are there any specific issues affecting your family that your child/you may want addressed during RE? (i.e.: recent move, deployment, divorce, death, or birth?) If so, please explain: _____

In registering my child/children in this church school, I recognize and accept the responsibility to work cooperatively with the church school by:

- Encourage regular and on-time attendance.
- Keeping informed about the programs and activities.
- NOT bringing a sick child to church school class.
- Helping out with church school activities when asked.

I hereby give FPC staff and/or a FPC volunteer permission to obtain medical treatment when I cannot be reached or when a delay would be dangerous to my child's health. ____yes ____no

I give permission for my child to take walks within the church vicinity with their teachers. I understand that a special permission form will be provided to me for any/all field trips. ____yes ____no

I understand there may be times when photographs of my child may be displayed on the walls, in brochures or other internal communications at FPC or on the FPC website (without child's name.) ____yes ____no:

I grant FPC permission to include photos of my child on the FPC website, newsletter, and promotional materials. ____ Yes ____ No

Signature of Parent/Guardian _____

Date _____

First Parish Church UU Billerica 2012-2013 Volunteer Preferences

Our Religious Education program depends on your help. Please tell us how you want to participate. We are looking for volunteers in the following areas:

Volunteer Name: _____

Volunteer Name: _____

____ Baby/Toddler Room (Assist)

____ Baby/Toddler Room (Assist)

____ Team teaching

____ Team teaching

____ Substitute teaching

____ Substitute teaching

____ Classroom preparation/clean-up

____ Classroom preparation/clean-up

____ Program growth

____ Program growth

____ Curriculum

____ Curriculum

____ Communication -Newsletter Articles

____ Communication -Newsletter Articles

Additional ways to become involved

Additional ways to become involved

____ Helping with crafts

____ Helping with crafts

____ Music

____ Music

____ Religious Education Committee

____ Religious Education Committee

____ Holiday events

____ Holiday events

____ Other: (Specify) _____

____ Other: (Specify) _____

NOTE: All people working/volunteering with young people in the First Parish Church Religious Education Program, will be asked to complete a Massachusetts CORI application.

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