

Woodinville Unitarian Universalist Church

2007-2008 Religious Education Registration

Parents or Guardian _____

Street Address _____ City _____

Zip Code _____ E-Mail _____ Phone _____

If not the parent indicate your relationship _____

Emergency contact _____

Children (include last name if different from parents' or guardians')

Name	Birth date	Age as of 9/07	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Required parental support for our Cooperative R.E. Program. (Eight or more hours per year.) Check One.

Member of a Teaching Team (4yrs-8th gr.) Nursery Support Junior Youth Support (7th & 8th gr.)

Senior Youth Support (High School) Teacher's Assistant Help with Workshops and Celebrations

In the event of apparent ill health or injury to my child/children, I authorize the Director of Religious Education and authorized teachers and youth advisors at the Woodinville Unitarian Universalist Church to provide, at my expense, first aid or other appropriate assistance and/or to contact a local doctor in an emergency.

I hereby release and absolve the Woodinville Unitarian Universalist Church, its Board of Directors, and authorized Religious Education staff from any claim arising out of injury to my child/children. While children in the 5th grade and younger are always contacted through their parents, if I have youths in the 6th grade or older, I give permission for them to receive email notification of WUUC Youth Group events.

Signature _____ Date _____

Family Physician _____ Phone _____

Do any of your children have allergies, medical, or behavioral conditions, or special diets of which we should be aware? Do you have suggestions for management? Please feel free to continue on the back as needed.
