

ALL SOULS UNITARIAN UNIVERSALIST CONGREGATION
2010-2011 REGISTRATION FOR COOPERATIVE RELIGIOUS EDUCATION MINISTRY
&
PARENTAL/GUARDIAN CONSENT FORM FOR PHOTOGRAPHS AND VIDEOS

We require a new registration form each year for all children, from Nursery School through High School.

Please read and complete this entire form.

Please read carefully at bottom the conditions and responsibilities of

- enrolling your child(ren) in our Religious Education programs
- being a Religious Education Volunteer.

If you would prefer to complete and submit this Registration Form online, please find our web-based form at <http://www.allsoulsnewlondon.org/re-registration>

(#1) First child's first and last names _____

What is your child's birth date? (month/day/year) _____

What grade in school (or home school equivalent) will your child enter in Fall 2010? _____

Briefly describe your child's health concerns and/or allergies. (Write "none" or describe) _____

(#2) Second child's first and last names _____

What is your child's birth date? (month/day/year) _____

What grade in school (or home school equivalent) will your child enter in Fall 2010? _____

Briefly describe your child's health concerns and/or allergies. (Write "none" or describe) _____

(#3) Third child's first and last names _____

What is your child's birth date? (month/day/year) _____

What grade in school (or home school equivalent) will your child enter in Fall 2010? _____

Briefly describe your child's health concerns and/or allergies. (Write "none" or describe) _____

(#4) Fourth child's first and last names _____

What is your child's birth date? (month/day/year) _____

What grade in school (or home school equivalent) will your child enter in Fall 2010? _____

Briefly describe your child's health concerns and/or allergies. (Write "none" or describe) _____

Check the box if you are registering more than 4 children/youth and have included their information, as above, on the reverse side of this page.

ALL SOULS UNITARIAN UNIVERSALIST CONGREGATION
2010-2011 REGISTRATION FOR COOPERATIVE RELIGIOUS EDUCATION MINISTRY

#1 Parent/Guardian name _____

#1 Parent/Guardian Home Phone Number: (Area Code-3Digit-4Digit) _____

#1 Parent/Guardian Cell Phone Number: (Area Code-3Digit-4Digit) _____

#1 Parent/Guardian Email Address _____

No email? How may we best contact you? _____

#1 Parent/Guardian Mailing Address: (Street, PO Box, City, State, Zip Code)

#2 Parent/Guardian name _____

#2 Parent/Guardian Home Phone Number: (Area Code-3Digit-4Digit) _____

#2 Parent/Guardian Cell Phone Number: (Area Code-3Digit-4Digit) _____

#2 Parent/Guardian Email Address _____

No email? How may we best contact you? _____

#2 Parent/Guardian Mailing Address: (Street, PO Box, City, State, Zip Code)

I/we am/are a pledging Member(s) or Friend(s) of All Souls UUC-New London (check one box): Yes No

VOLUNTEER OPPORTUNITIES

(A) I/we would like to teach, and prefer the following grade group (check at least one):

- Pre-Kindergarten & 1st Grade
- 2nd & 3rd Grades
- 4th - 5th Grades
- 6th - 8th Grades (Jr. High)
- 9th through 12th Grades (Sr. High)

(B) I/we would like to be a Substitute Teacher: Yes No

(C) I/we would like to volunteer as a Nursery Assistant: Yes No

(D) I/we would like to be a Member of a Religious Education Leadership Circle* (pick one and see * below for details):

- Social Justice
- Volunteer Support
- Curriculum
- Special Events
- Worship

(E) I/we would like to help with the 2010 Summer program: Yes No

(F) Other ways I/we can help are: _____

*Each Leadership Circle is responsible for one particular component of the Religious Education ministry. This approach allows a singular focus, manageable time commitments, and, most of all, opportunities for fellowship and fun! The Leadership Circles are able to accomplish a good deal of work online, with occasional in-person meetings. If you have questions, please contact Nathan Pawelek, Director of Religious Education, at (860) 443-0316, or dre@allsoulsnewlondon.org.

Religious Education Volunteers - All Souls' Child Protection Policy requires that all adults working with children undergo a background check. Information will be kept confidential. Please speak with Reverend Carolyn Patierno if you have questions at (860) 443-0316 or minister@allsoulsnewlondon.org.

If you are not a pledging member or Friend of All Souls UUC-New London, please remit \$50 per registered child and send your check, payable to All Souls UU Congregation, to:
ASUUC - RE
19 Jay Street
New London, CT 06320

If this is a financial hardship, please contact Nathan Pawelek, Director of Religious Education, at (860) 443-0316, or dre@allsoulsnewlondon.org.

Religious Education Registration/Enrollment

By registering my child(ren), I recognize and accept the responsibility to help.
It is understood that each family will volunteer in some way each year, and will teach at least every other year.

I grant permission for my child(ren) to take part in the Religious Education ministry at All Souls UUC-New London, including supervised excursions away from the church.

Signature of Parent/Guardian

Date

Please mail your completed and signed registration form, and your check if required as above, to:

ASUUC – RE
19 Jay Street
New London, CT 06320

Thank you! You will receive more information over the summer.
We look forward to welcoming your children to Religious Education in September 2009!

Please read and sign the PARENTAL/GUARDIAN CONSENT FORM FOR PHOTOGRAPHS AND VIDEOS on the next page.

**PARENT/GUARDIAN
CONSENT FORM FOR PHOTOGRAPHS AND VIDEOS
ALL SOULS UNITARIAN UNIVERSALIST CONGREGATION**

Photo/Video Release

- I give All Souls UU Congregation permission to photograph and/or video my child(ren). I further give All Souls UU Congregation permission to use photographs or videos of my child(ren) on the All Souls website, newsletter, and/or the All Souls Facebook page. *I understand that no names will be associated with photos or videos of children and youth.* I also release from any liability All Souls UU Congregation, its employees and/or volunteers in relation to the taking and/or displaying of any photographs/videos. I understand that I will be given no compensation for the use of any photographs and/or videos.

Names of Child(ren):

I have read and agree to the terms and conditions stated above.

Parent/Guardian Signature _____

Printed name of Parent/Guardian _____

Date _____

- I **do not** give permission to All Souls UU Congregation to use photographs or videos of my child(ren) with the exception of photographs of large groups in the congregation in which they may appear.

Names of Child(ren):

Parent/Guardian Signature _____

Printed name of Parent/Guardian _____

Date _____