Shoreline Unitarian Universalist Society

297 Boston Post Road, Madison CT 06443

CHILDREN AND YOUTH REGISTRATION FORM 2019-2020

Please complete BOTH sides and return to the DFF, a teacher or Nursery staff

Parent/Guardian 1 Name	Primary Phone
Address	Secondary Phone
	E-mail
Parent/Guardian 2 Name	Primary Phone
Address	Secondary Phone
	E-mail
Child's first and last name Date of Birth	Grade (as of Sept 2019) Medical Concerns / Allergies*
Please list all allergies, including food, animals, pollen, insects, medication	n, etc., and note any treatment that could be required at church.
Please note that a parent/guardian must be present at SU alternate arrangements are made ahead of time with the 1 childcare, parents/guardians are responsible for supervisi	DFF. Except when their child(ren) are in class or
Are there any family circumstances we should be aware of	(e.g., custody issues)?
Are there any learning or developmental differences that m	ight affect your child(ren)'s classroom experience?
Is there anything else that we should know about your child	l(ren) that would help us serve them better?

Information Sharing - It is our intent to treat the information on this form with sensitivity and care, while ensuring that adults who have responsibility for your child(ren) have the information they need. This information will be shared as needed with program volunteers and staff. If you have an objection to the sharing of any information in this manner, please specify:

in class or other SUUS activities. Such images may or facebook page, in the newsletter or promotional m UUA publications and local newspapers or news wel	we like to take pictures or videos of the children as they participate be posted in a classroom, on a bulletin board, on the SUUS website naterials, or in other print or online publications, such as district and bsites. We do not publish or display names or other identifying nt/guardian permission. If you do NOT want your child's picture nere:
Your signature below gives your express consent for the uthis permission at any time with written notification to the	use of your child(ren)'s images as indicated above. You may revoke or alter Director of Faith Formation (DFF).
	versalist Society's (SUUS's) Children and Youth Program, understanding he SUUS community, designed to foster growth and learning in the
If I/we cannot be readily located in the event of an emerge medical assistance to my child(ren)and to authorize medic	ency, I/we authorize SUUS and its representatives to render emergency eal and paramedical personnel to do the same.
	e SUUS under the supervision of program leaders for walking trips and ld trips outside of class time or requiring transportation will use a separate
permission slip). I/we also understand that, although SUUS follows policies	s and practices that it believes to be reasonable to protect children, injuries ives from any and all claims and liability for any injury to any child of mine, esentatives harmless against any such claims and liability.
permission slip). I/we also understand that, although SUUS follows policies may still occur. I/we release SUUS and all its representation.	ives from any and all claims and liability for any injury to any child of mine, esentatives harmless against any such claims and liability.
permission slip). I/we also understand that, although SUUS follows policies may still occur. I/we release SUUS and all its representat and agree to indemnify and hold SUUS and all of its representation. Date: Parent/Guardian name: To provide the very best programming for our ch	ives from any and all claims and liability for any injury to any child of mine, esentatives harmless against any such claims and liability. Signature: ildren and youth, many adult volunteers are needed each year. v your interests and preferences – the Director of Faith Formation is
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If you have questions or would like further information, please contact Amy Buckley, Director of Faith Formation (dff@shorelineunitarian.org), or Benna Lehrer, Faith Formation Pillar Lead (bennalehrer@yahoo.com).