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 Kid's Korner 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 lichildcare, 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	
Are there any learning or developmental differences that m	night affect your child(ren)'s classroom experience?
Is there anything else that we should know about your child	d(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:

Disate (Vision Delicers and Circustons Consideration	
in class or other SUUS activities. Such images may or facebook page, in the newsletter or promotional n UUA publications and local newspapers or news we	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 We do not publish or display names or other identifying ent/guardian permission.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 e 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 cal 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 policie	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 policie may still occur. I/we release SUUS and all its representat	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 policie 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 characteristics.	sentatives harmless against any such claims and liability. Signature: Signature: sildren and youth, many adult volunteers are needed each year. v your interests and preferences – the Director of Faith Formation is
permission slip). I/we also understand that, although SUUS follows policie 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 chaplease consider how you can help, and let us know available to discuss the details of any of these possess.	sentatives from any and all claims and liability for any injury to any child of mine, esentatives harmless against any such claims and liability. Signature: Signature: vyour interests and preferences – the Director of Faith Formation is sibilities. Our program needs you!
permission slip). I/we also understand that, although SUUS follows policie 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 chellowed Please consider how you can help, and let us know available to discuss the details of any of these possess. Teach/assist/substitute in a class	sentatives from any and all claims and liability for any injury to any child of mine, esentatives harmless against any such claims and liability. Signature: Signature: Vyour interests and preferences – the Director of Faith Formation is sibilities. Our program needs you! Plan/lead/assist a "Social Justice Sunday" workshop
permission slip). I/we also understand that, although SUUS follows policie 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 character please consider how you can help, and let us know available to discuss the details of any of these posses. Teach/assist/substitute in a class Support teachers by setting up classroom supplies	Signature: Signature: Signature: Plan/lead/assist a "Social Justice Sunday" workshop Become an Our Whole Lives facilitator (grade 4-6)
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If you have questions or would like further information, please contact Amy Buckley, Director of Faith Formation (<u>dff@shorelineunitarian.org</u>), or Benna Lehrer, Faith Formation Pillar Lead (<u>bennalehrer@yahoo.com</u>).