## Unitarian Universalist Church of Greater Lynn 2019—2020 Children and Youth Registration Form

Sunday Program – 10:00 am / 7:00 pm (youth). Please list all children (infants - grade 12)

Last Name	First	Birth Date	Grade
1) Parent/Guardian:			
E-mail:			
Preferred Phone:			
Home Address:			
2) Parent/Guardian:			
E-mail:			
Preferred Phone:			
Home Address			
	's email address so that we may send Youth vo adults will be included on any digital/elect		
YOUTH EMAIL:			
Faith Development Program and r and/or published in church related	ren to be photographed and/or videotap elated church activities. These photos publicity without the child's name (A "ye ir UU circle wider)yesno	may be used within these is strongly encou	he church

Please return this form in September to **The Unitarian Universalist Church of Greater Lynn**, **101 Forest Avenue**, **Swampscott**, **MA 01907** ~ **or email it to** <u>mlapointe@uucgl.org</u>

## **GENERAL PERMISSION**

I/We understand that on Sunday mornings some activities may be conducted outside of our church building. These activities may include walks near our church property, or off-site trips.

I/We hereby give permission for our child/ren's participation in such activities. I/ We understand that we will be notified in advance of all off site and/or extended outings.

I/We understand that a parent must remain in the building when their child attends Sunday programs. If a parent is not able to be present, prior arrangement must be made with the Faith Development Director. In the event of a medical emergency, permission is granted to transport my child/ren to the nearest source of emergency care and to secure medical care as needed. I understand my signature grants permission and agreement for 2019-2020 RE year.

Name of Child's Doctor and phone number Name and number of person we can call in	n case of emergency and phone number in case you are unavailable
	Phone:
Lynn. Your signature constitutes permission	outh in our Faith Development Program at the UU Church of Greater in to share necessary information regarding your child with his/her in responsibility to supervise your child before and after class time.
Signature of parent(s) or guardian(s)	Date:
following. The additional information positive learning environment for all.  Child/Youth name:	concerns or special learning needs? If so, please fill out the helps us ensure your child's well being and contributes to a child's name beside the area you checked off.
If more than one child, please write in your c	child's name beside the area you checked off.
Respiratory Allergies	Food Allergies
Uses Epi-Pen	Asthma (What is your action plan?)
Uses a Rescue Inhaler	Regular medications (tell us more below)
Hearing/VisionPlease have the Faith Development Direc	Learning or behavioral needs (tell us more below ctor contact me regarding my child's needs.
Please provide details about any of the about ever we can support you and your child.	ove or other medical matters not listed; the more we know, the
weeks we can suppose you also your emiliar	

## **VOLUNTEER FORM 2019-2020**

Name of Parent/Guardian(s):
There are many ways to be engaged with the programming for our children and youth. We invite and encourage this kind of participation, both to enhance the richness of the children's experiences here, and to offer adults opportunities for their own enrichment and spiritual growth through working with the children and youth. As a cooperative program, we can only function at our best with your time and support.
Please indicate your preferences below (Note: if more than one person is using this form, please initial who is signing up for which task.)
I am already scheduled to teach
I would prefer to teach the following grades or age range
I am interested in working with teenagers
I would like to be involved in the R.E. program in the following ways:
Teaching
Teaching support
Working with Director of Community Life & Learning on Curriculum
Special programs (Multigenerational worship, UNICEF party, social events, off site visits)
Children's worship (roughly one time per month)
Social action
Substitute (teacher)
Substitute childcare provider
Sharing a special skill (art, cooking, sewing, music, storytelling, etc.)
Playing an instrument or singing at a Children's Worship service
Helping children learn a song in their classroom
Serving as an aide to a child with special needs
Driving for a field trip
Storytelling

\_\_\_\_Help with small administrative tasks

\_\_\_ Other: \_\_\_\_\_