



Community Unitarian Church

Religious Education Program

Registration 2011-2012

468 Rosedale Avenue
White Plains, NY 10605
Phone: 914-946-1660
Fax: 914-948-2603
Email: dre4cucwp@yahoo.com
URL: <http://www.cucwp.org>

Staff
Processed: _____
Office _____
DRE _____

☐ Please check this box if you are new to our congregation

☐ Please check this box if any of the parent information has changed since you last registered

Please complete both parts of this form. Print and return signed forms to the DRE.

Parent/Guardian Information

Email is our main form of communication.

Name #1	<input type="text"/>	Name #2	<input type="text"/>
Street Address	<input type="text"/>	Street Address	<input type="text"/>
City/State/Zip	<input type="text"/>	City/State/Zip	<input type="text"/>
Home Phone	<input type="text"/>	Home Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Cell Phone	<input type="text"/>
E-mail address	<input type="text"/>	E-mail address	<input type="text"/>

Child/Children Information

First Name	Last Name	Birthdate	Gender	Medical conditions or allergies? Any medication taken? Attach additional info if needed	Grade on 9/1/11*
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

*If school grade is different from the grade in which you wish your child enrolled, please speak with the Director of Religious Education.

Anything else we should know about your child (additional medical, school or family situations, etc.)?

The DRE and/or the Minister may share this information with the RE Council and RE teachers as necessary.

Your Commitment to CUC Religious Education

By signing below, you/we affirm to both your child and to CUC your ongoing support of the RE Program

1. **Physically** -- by volunteering your time as an assistant, a mentor, a class parent or a teacher
2. **Spiritually** -- through constructive engagement of your child, his/her teachers, the Minister and the DRE
3. **Financially** -- through meaningful annual canvass pledges, according to your means

Please check one of the following:

- ☐ I/we have already pledged to the annual canvass
- ☐ Please have a member of the canvass committee contact me/us.

Signature _____ Date _____

Signature _____ Date _____

Parent/Guardian Participation

Your ongoing support is critical to the success of the RE program.

Please choose your top three choices. If you do not indicate a preference, you will be assigned a task. You will receive confirmation of your assignment.

Parent #1	Parent #2

Volunteer Options (please number 1-3 with 1 being your top choice)
Teacher (co-teaches approximately 1 time per month) <i>Preferred Grade</i> _____ (Kindergarten through Youth)
Class Coordinator (coordinate volunteers, snacks and parent/teacher meetings) <i>Preferred Grade</i> _____ (Pre-Kindergarten through 8th Grade)
Programming Assistance (pick one): 1. Assist with non-teaching Special Sundays (holiday weekends) <input type="checkbox"/> 2. RE Floater (helps in halls and classrooms) <input type="checkbox"/> 3. RE Worship Associate (provides music or helps with RE worship) <input type="checkbox"/>
Coming of Age Mentor (supports a CoA youth in credo writing)
I am a member of the Board of Trustees, RE council, Committee for the DRE, or the Committee on Ministry

I would like to speak or meet with the: ☐ DRE, Lara Campbell ☐ Minister, Rev. Carol Huston

Comments/Questions:

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Additional Information

We are attempting to improve our communication with the children and youth in the program. It would be helpful if you could provide us with email addresses if they have them.

Child/Youth Name	Email Address