

**PLEASE FILL IN both sides AND RETURN TO THE CHURCH OFFICE BY MAY 31**

**Unitarian Society of New Haven  
Children & Youth Religious Education Registration  
Family Registration Form, 2008 – 2009**

Date Rec'd. _____	New Family _____	ACS _____	Registration Complete _____
- Office Use Only -			

Student Name: \_\_\_\_\_ School/Grade Level: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ School/Grade Level: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ School/Grade Level: \_\_\_\_\_ DOB: \_\_\_\_\_  
 Student Name: \_\_\_\_\_ School/Grade Level: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please register my child(ren) for the following classes:**

Class Name	Circle Preferred Time		Child's Name
NURSERY	9:15 a.m.	11:15 a.m.	
PRE-KINDERGARTEN	9:15 a.m.	11:15 a.m.	
K & 1 <sup>st</sup> Grade	9:15 a.m.	11:15 a.m.	
2 <sup>nd</sup> & 3 <sup>rd</sup> Grade	9:15 a.m.	11:15 a.m.	
4 <sup>th</sup> & 5 <sup>th</sup> Grade	9:15 a.m.	11:15 a.m.	
6 <sup>th</sup> & 7 <sup>th</sup> Grade	9:15 a.m.	11:15 a.m.	
Affirmations (8 <sup>th</sup> Grade)		11:15 a.m.	
YRUU	7:00 p.m.		

**Parent/Guardian Information:**

Parent/Guardian #1 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
 Email Address: \_\_\_\_\_

Parent/Guardian #2 Name: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_ (home) \_\_\_\_\_ (cell)  
 Email Address: \_\_\_\_\_

**Our Religious Education program requires financial support. It is offered without charge to pledging members and pledging friends. If you are not a pledging household, tuition fees are \$150 for the first child and \$100 for each additional child per year. A grace period of approximately 3 months is available before payment is due for new attendees.**

We are currently a pledging household.

We are not currently a pledging household. I have included a check for \$\_\_\_\_\_ for \_\_\_\_\_ child(ren).

**No one is turned away for financial reasons. In situations of financial hardship, please contact Mr. Barb Greve in the Religious Education Office at 203-288-1807 x 203 or via email at [usnh.dre@gmail.com](mailto:usnh.dre@gmail.com) for information.**

**MEDICAL INFORMATION**

**This information can be critical for our children’s safety. Please also include any information that will assist teachers and staff in providing a positive experience for your child in the classroom.**

**Please provide all applicable information in the following table, using each column for a different child. If more space is necessary, please use an extra medical information form. All information provided will be shared only with the CYRE staff and teachers.**

<b>Student’s Name</b>				
<b>Medical Issues (including allergies):</b>				
<b>Behavioral or Learning Issues:</b>				
<b>Physical Activity Restrictions:</b>				
<b>Food Restrictions:</b>				

**I understand that as the parent/guardian of the student(s) I am required to be present on the premises of USNH during RE class time. All efforts will be made to reach a parent/guardian in case of an emergency. If a parent/guardian cannot be reached, I authorize the adult in charge to obtain emergency medical services for my child/children.**

Signature of Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

## COOPERATIVE CHURCH SCHOOL VOLUNTEER FORM

Our Religious Education Program is a *cooperative program*. This means that it relies on everyone's involvement – both staff and congregants – to work and thrive. Without your participation in some level of CYRE, we cannot offer successful classes and events for our children and youth.

Please take a moment to fill out this volunteer form and return it to the Interim Director of Religious Education by 31 May 2008.

– *The Children and Youth Religious Education Committee*

### Parent Information

Adult (1) \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Special Skills/Knowledge \_\_\_\_\_

◇ Adult (2) \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Special Skills/Knowledge \_\_\_\_\_

### **Volunteer Preferences**

Please check  for the first parent/guardian and ◇ for the second parent/guardian.

#### \_\_\_ **CYRE Committee Workgroup Member:**

- ◇ Teacher Recruitment/Appreciation       ◇ Special Sundays  
 ◇ Intergenerational Activities       ◇ Curricula Review & Selection

#### \_\_\_ **Classroom Teacher/Assistant Teacher:**

Preferred Semester:     ◇ Fall (Sept.-Jan.)     ◇ Spring (Feb.-June)

Preferred Group:     ◇ Preschool     ◇ Kindergarten/1<sup>st</sup>     ◇ 2<sup>nd</sup>/3<sup>rd</sup>  
                                  ◇ 4<sup>th</sup>/5<sup>th</sup>     ◇ 6<sup>th</sup>/7<sup>th</sup>     ◇ 8<sup>th</sup>     ◇ YRUU

*Priority should be given to  ◇ Group  ◇ Semester\_\_\_ if there is a conflict.*

\_\_\_ **Classroom Team Coordinator:**  ◇ Preschool     ◇ Kindergarten/1<sup>st</sup>     ◇ 2<sup>nd</sup>/3<sup>rd</sup>  
                                  ◇ 4<sup>th</sup>/5<sup>th</sup>     ◇ 6<sup>th</sup>/7<sup>th</sup>     ◇ 8<sup>th</sup>     ◇ YRUU

\_\_\_ **Occasional Leader** [Especially suited for those new to USNH] \_\_\_\_\_

*As needed for: Classroom assistance, Special Sundays, social events, social service projects*

\_\_\_ **Substitute Teacher**

\_\_\_ **Supplies Coordinator**

\_\_\_ **Children's Worship**