



Unitarian Universalist Congregation of Columbia

Religious Exploration Registration 2017-2018

We affirm and promote justice, equity, and compassion in human relations.

Today's Date: _____

Legal Guardian/Primary Contact:

Last Name _____ First Name _____

Address _____ City _____ ZIP _____

Preferred phone number _____ Preferred e-mail address _____

Please check what best describes your relationship with the UUC:

- Member Friend (more than 6 months) Member Friend (less than 6 months)
- regularly/frequently attend visitor I do not attend

Additional Legal Guardian:

Last Name _____ First Name _____

Preferred phone number _____ Preferred e-mail address _____

Please check what best describes your relationship with the UUC:

- Member or Friend (more than 6 months) Member or Friend (less than 6 months)
- regularly/frequently attend visitor I do not attend

Child's Name First and Last	Gender	Birthdate mm/dd/yy	Grade 2017-18	Medical concerns, special needs, allergies, dietary restrictions or behavior/emotional concerns

Parental Consents

Please read the following carefully. Initial each section in order to complete the registration process.

Permission to Participate and Release

I hereby and give and grant my permission to the Unitarian Universalist Congregation of Columbia for the children listed on this registration form to participate in the Children and Youth Religious Exploration program (CYRE) and related programs and fieldtrips during the 2017-2018 school year. I, my heirs and assigns, do hereby release and discharge the UUCC from any liability of claim or cause of action that I may now have or may have in the future as a result of any injuries received by the child when participating in the CYRE program and related programs and fieldtrips.

Initial Here _____

Photo Release

I understand that the UUCC uses photographs on its website, Facebook and/or other sites and publications for publicity. Additionally, I understand that the CYRE program also may use video images of youth/children for use within the congregation.

Initial Here _____ To decline, Initial here _____

Medical Emergency Parental Permission

The health histories for my children are correct and complete to my knowledge and have been detailed above. If an injury or other medical condition occurs or arises, I hereby give permission to the CYRE staff or volunteers of the UUCC to provide, in my absence, routine health care and seek emergency treatment. I agree to the release of any record necessary for treatment, referral, billing, or insurance purposes. I understand that I am financially responsible for charges and hereby guarantee full payment to the attending physicians or health care unit. In the event of an emergency where I cannot decide for my child, I give permission for the physician/hospital selected by the CYRE staff or volunteer to secure and administer treatment for my child, including hospitalization.

Initial Here _____

Behavior Expectations

All children and youth are expected to behave with respect to each other, adults, and their space. Any child or youth who is being disruptive or threatening the safety of others or of him/herself will be asked to stop the disruptive or unsafe behavior. If the child or youth will not stop, then the parent will be called to remove the child or youth from the classroom until the behavior can be amended. All efforts will be made by the CYRE staff and volunteers to help children and youth know what expectations are.

Initial Here _____

Parental Responsibilities

Before and after CYRE class time, parents are responsible for supervising their children. We urge parents to take note of where their children are and whom the children are with.

Initial Here _____

Parent Volunteer Expectations

Our program is cooperative and depends on the participation of volunteers. If you are not already participating in the CYRE program, we ask that you volunteer a minimum of once a month. The Director of Religious Exploration or a member of the CYRE committee will contact you to discuss volunteer opportunities and availability. Volunteers working with children must be willing to sign an ethics agreement and submit to a background check and have not been convicted of a felony involving children. Teachers and youth advisors must be willing to attend trainings and/or meet with the DRE.

Initial Here _____

Signature

Date