

**Registration Form  
Unitarian Universalist Church of Silver Spring  
Religious Education Program**

**One Form per Family – Please Return prior to September 13, 2009**

1. Child's Name: \_\_\_\_\_

Please Circle Service Time: 9:15 or 11:15

Birthdate: \_\_\_\_\_ Age/Grade (Sept. 09) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

2. Child's Name \_\_\_\_\_

Please Circle Service Time: 9:15 or 11:15

Birthdate: \_\_\_\_\_ Age/Grade (Sept. 09) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

3. Child's Name: \_\_\_\_\_

Please Circle Service Time: 9:15 or 11:15

Birthdate: \_\_\_\_\_ Age/Grade (Sept. 09) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

4. Child's Name \_\_\_\_\_

Please Circle Service Time: 9:15 or 11:15

Birthdate: \_\_\_\_\_ Age/Grade (Sept. 09) \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

**Family Information:**

We know that families come in different forms. Please give us contact information that will help us support your family:

1. Adult Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to be placed on our RE list-serve for Families? YES NO

2. Adult Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Would you like to be placed on our RE list-serve for Families? YES NO

**PLEASE** share any information about your child(ren) that will help us make this the best possible experience for them (special needs, developmental concerns, learning styles, etc.). Or e-mail Rev. Ellen at [mre@uucss.org](mailto:mre@uucss.org).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE!!!** Ours is a cooperative program – dependent on volunteers. Each RE family is asked to participate by donating some of their time and talents. **How will you help? Please fill out the back of this form!**

**Complete and return to the RE Office at UUCSS, 10309 New Hampshire Ave, Silver Spring, MD 20903**

## Parent/Family Commitment:

Our RE Program relies on the time and talents of many individuals. We ask that every family with a child registered in our program contribute in one of the following ways (please indicate your preference):

- Co-teach an RE Class (2x/month for 7 months)
- Co-teach a spring mini-course; topic of your choice! (4-5 classes)
- Help plan and assist with Chalice Chapel (6x/year plus planning meetings)
- Help plan and assist with Social Action Sunday (5x/year plus planning meetings)
- Assist with Chalice Chapel and/or Social Action Sunday (5-11x/year)
- Serve as a Nursery and/or Preschool support person (1-2 hrs/month)
- Be a substitute teacher (as needed)
- Assist with craft preparation (as needed)
- Help maintain RE closets and supplies (as needed)
- Provide music for Chalice Chapel and/or Social Action Sunday (5-11x/year)
- Assist with Middle School field trip coordination (1x/month)
- Act as a resource for one of the following World Religions or Traditions (please specify):  
Islam, Hinduism, Buddhism and selected traditions from China and Africa \_\_\_\_\_  
\_\_\_\_\_
- Serve on the Children & Youth RE Committee

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**PHOTO RELEASE FORM**—please sign and date below if UUCSS may use photos of your child(ren) on the UUCSS website and/or in UUCSS brochures or on bulletin boards at church.

Parent/Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

**Please contact Rev. Ellen at [mre@uucss.org](mailto:mre@uucss.org) with any questions!**