

Family Name(s): _____

Please Complete Both Sides of the Form

WINCHESTER UNITARIAN SOCIETY CHILDREN'S MINISTRY REGISTRATION 2010 – 2011

I. CHILDREN'S NAMES

Children's Names <i>Star those interested in K-6 Children's Chorale</i>	Grade	Attended these grades here	Allergies/Special Needs	Birth Date	Age

TEACHING COOPERATIVE REGISTRATION

The children's Religious Exploration Program (Grades PreK through 8th) is a Teaching Ministry Cooperative. All families are expected to participate in the cooperative. Please select your preferred roles/seasons for participation. Every effort will be made to place you in your area of preference. (More details on cooperative roles can be found in the attached FAQ's sheet) If you are unable to meet your obligation, you are asked to find a replacement for yourself.

Choose an Age Group <i>It is often most rewarding not to teach your own child's class.</i>		CHOOSE A TEACHING SESSION <i>You are on a teaching team, in which each member is expected to offer 6 Sundays of service to the cooperative, over the course of the session. The team coordinates teaching schedules for the session.</i>
Age Groups	1 st & 2 nd Choices <i>Please indicate the name of Adult and order of preference thus: 1. name 2. name</i>	<i>Fall</i> <i>Winter</i>
Pre-K & K		<i>Fall</i> <i>Winter</i>
1 st & 2 nd		<i>Fall</i> <i>Winter</i>
3 rd & 4 th		<i>Fall</i> <i>Winter</i>
5 th & 6 th		<i>Fall</i> <i>Winter</i>
7 th & 8 th		<i>Fall</i> <i>Winter</i>
Mixed Age Group		<i>Holiday Weekends</i>

II. FAMILY & OTHER INFORMATION

1.

PARENT/SPONSOR(1): _____ Occupation: _____

SPOUSE/PARTNER(2): _____ Occupation: _____
(if living at home)

ADDRESS: _____ Town _____ Zip _____

PHONE: (Home) _____ (Work/Cell) _____ / _____

E-MAIL:(1) _____ (2) _____

Preferred method of contact: (Check those that apply)

Email _____ Work Telephone _____ Home/Cell Telephone _____ Other _____

2. IEP's and Needs In order to support your child in our Religious Education Program, we ask that any IEPs (Individual Education Plans), considerations or accommodations for your child be shared in confidence with Rebecca Kelley-Morgan, Program Director.

3. Your Child's Talents and Interests: _____

May we use your child's image, writing, or artwork in Society publications or on its website?
Names will never accompany photographs without your express permission. ? Yes ? No

4. New to the Society? ? Yes ? No If Yes, how did you hear about us? _____

5. New to Unitarian Universalism? ? Yes ? No If Yes, what is your religious background? _____

If No, what other UU congregations have you been in? _____

6. Anything else we should know? _____

Your contact information will be added to the church directory of members and friends. If you do not wish it to appear in intra-church communications, please contact the church administrator at maryann.young@winchesteruu.org

Skills, Interests, Talents, and passions I can share: _____

*If you have any other questions about our Religious Education program, please feel free to talk with
Rebecca Kelley Morgan, Religious Educator
Call at the office: (781) 729-0949 ex. 2 or email: Rebecca@winchesteruu.org*