

All About YoUU and Religious Exploration at BUUF

Child's Name _____ Age _____ Birth Date _____ Grade Fall 2015 _____
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 first last

BUUF follows public school class placement guidelines.

Please indicate the time that you prefer.
 _____ 9:30 nursery, preschool - 6th grade _____ 11:15 nursery, preschool - 6th grade, junior and senior high

Adult(s) responsible for bringing child(ren): _____
 Relationship to child(ren): _____ Home phone _____ Work phone _____
 E-mail (please print): _____ Cell phone: _____
 Address of responsible adult: _____
 Street City State Zip

Child's address, if different: _____
 Street City State Zip Phone

Please indicate your preferred method of contact: email home phone work phone cell phone

1. Please share anything that we should know that will give your child and the RE teacher the best experience. Attach an additional sheet if necessary. _____

2. Do you know of any facts or circumstances regarding your child that may present a reasonably foreseeable risk of danger or harm to your child or to another child or individual? YES _____ NO _____
 If "yes", please explain: _____

3. I give permission for my child(ren) to be photographed (no names) for internal BUUF use. YES ___ NO ___.
 I give permission for my child(ren)'s likeness to be published on BUUF-related internet sites. YES ___ NO ___.

Parental Acknowledgement

I, the undersigned parent or responsible adult am familiar with the BUUF Safe Congregation policy (SCP) and have completed fully and accurately, to the best of my ability, this registration form. Copies of the SCP are available from the Director of Religious Exploration, BUUF information rack, and the BUUF website.

Signature of Parent or Responsible Adult **Date**

What are your gifts, talents, and passions? It takes many people's time and energy to create Religious Exploration for Children and Youth. The wonder exists because of you! Please tell us how you would like to share your gifts. **All families are strongly encouraged to sign up to assist in some way. Please check on the line if you would like to ...**

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|--------------------------------------|---|--|
| _____ join the RE Team | _____ help build family | _____ participate in a renewal |
| _____ help make RE happen | _____ connections & special events | _____ of the children's library |
| _____ be a lead or substitute | _____ be a creative arts resource | _____ join a seasonal clean-up |
| _____ Teacher/guide/advisor | | _____ crew |
| _____ help out as a classroom | _____ gather art and craft | _____ facilitate social justice |
| _____ Assistant | _____ Supplies | _____ Projects within RE |
| _____ be a classroom liaison | _____ provide office assistance | _____ consult on curriculum |
| _____ steward children's | _____ assist with print media | _____ share your hidden talent... |
| _____ play area | | ← Please describe talent or other |
| | | _____ details here |

To register your child(ren) for Religious Education at the Boise UU Fellowship for 2015-2016, please complete the attached form. You may list all children on one form.

We appreciate the support that all families with children participating in religious exploration give through our registration fees and in many other ways. We are aware that every family has different financial circumstances so our registration fees are \$0-\$30 per child with a \$75 maximum per family. Thank you for your gifts of time, talent, and treasure!

Amount enclosed: _____ Please bill me this amount: _____

Please return form and payment to the Religious Exploration Director's office

or

**Mail to: Boise Unitarian Universalist Fellowship
6200 N Garrett
Boise, ID 83714**