Paid: _____ Bill_____ Scholarship _____ Date: _____

BUUF Children's Religious Exploration Registration 2011-12

Child's Name _____ Age ____ Birth Date _____ Grade Fall 2011_____
Child's Name _____ Age ____ Birth Date _____ Grade Fall 2011_____
Child's Name _____ Age ____ Birth Date _____ Grade Fall 2011_____
Child's Name _____ Age ____ Birth Date _____ Grade Fall 2011___
first last

Please indicate the time that you prefer. BUUF follows public school class placement guidelines.
____ 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 BUUF use. **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 Children's Religious Exploration. 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 with the classroom and/or events in some way. Please check on the line if you are a…**

_____ gifted guide for an elem.- jr. hi class (teams of 3)
_____ super substitute teacher/guide for all ages
_____ precious provider for nursery care
_____ facilitator of family fun
_____ passionate preparer of arts and craft supplies
_____ cheerful children's library volunteer
_____ playful playhouse volunteer
_____ special projects perpetrator

_____ Dia De Los Muertos mensch (Nov. 2)
_____ Deck the Halls Devotee (4 wks: Oct - Dec)
_____ Easter Egg Hunt helper
_____ Social Justice Super Hero
_____ awesome office support - weekly
_____ - monthly
_____ – as needed
_____ excellent expert in something else. Do tell!_____