



Religious Exploration Family Cooperative Registration Form

New to UCSI Returning Date _____

Parent First and Last Name _____ Home Telephone (____) _____
Email: _____ Cell phone #1 (____) ____-_____
Street Address _____
City _____ State ____ Zip Code _____

Parent First and Last Name: _____ Home Telephone (____) _____
Email: _____ Cell phone #2 (____) ____-_____
Street Address _____
City _____ State ____ Zip Code _____

Child's Full Name	Grade	DOB	Child's Full Name	Grade	DOB

Parents/Guardians will be contacted by cell phone during Sunday services in the unlikely event of an emergency. Please leave your PHONE ON VIBRATE while your child is in RE. Children under 6 must be picked up promptly after class.

Name _____ Phone _____ (home) _____ (work/cell) E-mail _____ Address (if different) _____ <hr/> I am willing to help by (please check two or more): <input type="checkbox"/> Serving on the RE Committee <input type="checkbox"/> Teaching a religious education class (circle preference) 1x a month 2x a month guest for special topic <input type="checkbox"/> Working with Middle/High School Youth <input type="checkbox"/> Substitute/Assistant Teaching: ___ how often? <input type="checkbox"/> Working in early childhood room 4 times/year <input type="checkbox"/> Planning parties and special events <input type="checkbox"/> Helping with art, drama, creative activities <input type="checkbox"/> Being a Sunday morning RE Greeter <input type="checkbox"/> Organizing books/ supplies, helping staff <input type="checkbox"/> Building/Painting/Fixing/Gardening <input type="checkbox"/> Phoning volunteers <input type="checkbox"/> Preparing food for special events <input type="checkbox"/> Sharing my skill: _____	Name _____ Phone _____ (home) _____ (work/cell) E-mail _____ Address (if different) _____ <hr/> I am willing to help by (please check two or more): <input type="checkbox"/> Serving on the RE Committee <input type="checkbox"/> Teaching a religious education class (circle preference) 1x a month 2x a month guest for special topic <input type="checkbox"/> Working with Middle/High School Youth <input type="checkbox"/> Substitute/Assistant Teaching: ___ how often? <input type="checkbox"/> Working in early childhood room 4 times/year <input type="checkbox"/> Planning parties and special events <input type="checkbox"/> Helping with art, drama, creative activities <input type="checkbox"/> Being a Sunday morning RE Greeter <input type="checkbox"/> Organizing books/ supplies, helping staff <input type="checkbox"/> Building/Painting/Fixing/Gardening <input type="checkbox"/> Phoning volunteers <input type="checkbox"/> Preparing food for special events <input type="checkbox"/> Sharing my skill: _____
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We want your child to be successful in our Sunday school program. Please let us know about any learning issues, diagnosis's, or IEP info, by either writing below, or by speaking with the Religious Exploration Coordinator. Working together, we can make your child's experiences at UCSI successful.

If your child is a member of our youth group, do we have permission to contact them directly? _____

Please circle their preferred method of contact:

Child's Name: _____ *cell phone, facebook, e-mail, text phone message*

Provide youth cell phone or e-mail address here _____

Please circle their preferred method of contact:

Child's Name: _____ *cell phone, facebook, e-mail, text phone message*

Provide youth cell phone or e-mail address here _____

Permission for Medical Release for Child/Youth Events at UCSI

Parent/legal guardian's full name PLEASE PRINT	Child's full name PLEASE PRINT	Dr's name PLEASE PRINT	Dr's Phone #	Allergies	Medical Conditions - more space below -	Medications

Insurance Provider Name and Phone Number _____

Are there any physical conditions that may affect your child's participation in any activity? _____

Additional emergency contact:

Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Who is authorized to pick up your child? _____

Is there anyone who is precluded from picking up your child? _____

Permission Signatures

1. I hereby give the Unitarian Church of Staten Island or staff or volunteers permission to release the above information to medical authorities and to obtain medical treatment when I cannot be reached or when a delay would be dangerous to my child's health.

Signature of Parent/Guardian

Date

2. I give permission for my child(ren) to take walks within the church vicinity with their teachers.

Signature of Parent/Guardian

Date

3. I give permission for my child(ren) to be driven to events off site including Conferences within the Metro NY District.

Signature of Parent/Guardian

Date

THE Unitarian Church of Staten Island

Photo and Testimonial Release Form

The Unitarian of Staten Island (USCI) has my permission to use my photograph, video or testimonial for use in promotional materials publicizing the church and its activities. Promotional materials may include display boards, brochures, website, posters and presentations. I understand this Photo and Testimonial Release remains in effect until I revoke it.

I give permission to use my image for (Please check all that apply)

- Photograph (in groups and individually)
- Photograph (in groups only)
- Photograph (partial view only)

I give permission to use my image for (Please check all that apply)

- Video (in groups and individually)
- Video (in groups only)
- Video (partial view only)

I give permission to use my name for (Please check all that apply)

- Testimonial
- Testimonial and first name
- Testimonial and full name
- Testimonial, full name and hometown

My child may not be included in any of the above.

Other _____

If the person subject to this agreement is 18 years of age or younger:

Name of child/children to be featured (Please Print)

Signature of parent or legal guardian _____

Print name _____ Date _____

If the person subject to this agreement is 18 years of age or older:

Signed by member or individual to be featured: _____

Print name _____ Date _____

The Unitarian Church of Staten Island
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Telephone: (718) 447-2204

Church Website: www.uucsi.org • Religious Exploration Email: re@uucsi.org