

UNITARIAN UNIVERSALIST CHURCH OF CHARLOTTE
2011-12 Children & Youth Religious Education Program Registration

All children participating in the UUCC Children and Youth Religious Education (CYRE) Program must be registered. To do so, these forms should be completed and returned to the R.E. Office. To register by mail, send your form to: C.Y.R.E., UU Church of Charlotte, 234 N. Sharon Amity Rd., Charlotte, NC 28211.

The following information will be published in the Church Directory (members only): Parents' names, addresses, home phone numbers and e-mail addresses. For children, only their names will be published, unless otherwise requested.

Parent/Guardian _____	Parent/Guardian _____
Address _____	Address _____
_____	_____
city / state zip	city / state zip
Phone (h) _____ (w) _____	Phone (h) _____ (w) _____
Cell phone _____	Cell phone _____
<input type="checkbox"/> E-mail _____	<input type="checkbox"/> E-mail _____

Please check the box to indicate which e-mail address you would like us to use for family communications.

Place of Work and Profession _____

<u>Children Attending RE (first & last names)</u>	<u>Gender</u>	<u>Birth date</u>	<u>Grade 11-12</u>	<u>Name of School</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Youth 6th – 12th Grades E-mail: _____

Please indicate which session of RE you are registering for. You must register for one session and commit to attending that session: 9:15am _____ (3yrs – 6th grade) 11:15am _____ (3yrs – 12th grade)

Non-members:
 UUCC members' pledges and contributions generate the funds necessary to create and maintain our RE program. To indicate your support and appreciation for this opportunity for your child or youth, we invite you to make your own pledge or contribution.

____ Yes, I/we would like to pledge \$ _____ to the support of the UUCC.
 ____ Yes, I/we are including a contribution of \$ _____ to help support the UUCC.

PLEASE turn this form over and fill out the information on the back!

(For Office Use) Date Received _____

Volunteer Expectations:

Our RE Program for our children and youth is a cooperative venture; parents are **expected** to help in some way each year their children are in attendance. Please indicate below the things you are willing to do **using different initials for each parent.**

____ Serve on a Youth-Adult Social Justice team to plan / coordinate SJ projects for our High School youth

____ Help with non-curricular activities for our Middle School youth

____ Plan or assist with our fall Family Social Justice project: Kids in a Box (Sept 23-24)

____ Staff the CYRE office when needed on Sundays (must be familiar with the program)

____ Help our High School youth plan their annual Worship Service (Nov 6)

____ Help with The Mountain Orientation (Sept 25)

____ Coordinate or help with a multi-generational social event, I.E.: Picnic on the Playground, Crafts for Shut-Ins, Snacks with Santa, Secret Valentines, etc.

____ Help with general arts & crafts needs

____ Create small "manipulatives" to use with SpiritPlay stories (small items to illustrate the story as it is told.) Great for crafty people! Staff will provide ideas.

A or M Perform in one of our monthly Children's Chapels (Actor or Musician)

Serve on a short term (2-4 mtgs) task force to:

____ plan the annual CYRE worship service (Feb or March – exact date TBD)

____ provide feedback on youth programming (6th-12th)

____ provide feedback on childcare and the nursery

____ provide feedback on the OWL program

Members Only –

____ A teacher. If yes, indicate age/grade preference: _____

And IN ADDITION TO THE ABOVE:

____ Provide food for a social event or special meal

Your Special Talent/Contribution (anything not listed): _____

If we started up a "grandparent" program in which we matched older UUCS members with young families in the congregation, would you be interested in participating? This is just a preliminary interest survey; no commitment.

Are you registering for the first time? Yes___ No___

Are you new to Unitarian Universalism? Yes___ No___

Are you a member of the UU Church of Charlotte – or are you planning to join in the next 3 months? Yes___ No___

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Please Acknowledge:

- I understand that my child cannot participate in any off-site RE activities unless s/he is registered (by completion of these forms) and a parent/guardian has signed an event-specific permission form (provided at time of event).
- I understand my child cannot attend a Youth Con at The Mountain unless s/he & a parent attends the Mt. Orientation on **Sunday, Sept 25 1:15pm**. If family members attended a previous Orientation, the family does not have to attend again UNLESS a child in the family is moving to a new level (6th or 9th).
- I understand that when I pick up my 5th grade or younger child, I must sign him/her out on the class attendance sheet. I will alert the RE Director if there are special pick up instructions (IE: only certain people can pick up my child).

PERMISSION FORM (CAN BE USED FOR MORE THAN ONE CHILD – USE BACK AS NECESSARY)

This form will cover all off-site and/or overnight events for the 2011-12 CYRE program year.

It will be kept on file in the CYRE Office, with copies made for each activity so parents don't have to keep completing the insurance & emergency contact info for each event.

It is the responsibility of parents to inform CYRE staff of any changes/updates.

Child / Youth's Name: _____ DOB: _____

Youth (6th-8th) cell phone number: _____

Parent's Name: _____ Cell Phone #: _____

Emergency Contact (other than parent above): Name and Phone #(s)

Medical Insurance Information & Permission to Seek Medical Help

Company Name: _____

Policy Holder: _____ Group Name / Number: _____

I give permission to the adult advisors on this event to take any measures they deem necessary to ensure the physical well-being of my child(ren), including the decision to call 911 or seek other medical help. I understand that should this happen, all attempts will be made to call the parents or emergency contact as soon as possible.

Parent's signature: _____ Date: _____

Child(ren)'s Allergies / Special Needs:

Big Four Rules FOR YOUTH 6th GRADE AND OLDER:

I understand that in order to attend any CYRE-related events, I must agree to the following "Big Four" rules:

1. No use of illegal or controlled (alcohol, tobacco products) substances is allowed. Over-the counter medications may only be used with permission and used as directed on the package. Youth may only take a prescription drug if it is listed on this form.
2. No Engaging in Sexual Relations. Sexual relations are defined as inappropriate sexualized / intimate touching that is disrespectful to the community or event goals.
3. No Bringing or Using Weapons (firearms, knives, fireworks, or any object that is intended to be a weapon)
4. No Using Violence in Words or Actions

Possible Actions if Suspicion of Rule Violation

If there is reasonable suspicion of a violation of the Big Four, I understand that my personal belongings are subject to search by the attending adults. If evidence is found that I violated one of the Big Four, the immediate consequence shall be determined by the adults in charge, up to and including immediately sending the youth home (at the cost of the parents).

Youth Signature(s)