



**The United Unitarian & Universalist Society of
Mukwonago
Religious Education/ Youth Registration
2009-2010**

Please complete all sections of the registration form for all **Children 5 to 12 years** of age and/or **Youth 13-19** who will attend, this does **NOT** include those in the nursery.
(PLEASE PRINT LEGIBLY)

Parent/Guardian 1 Full Name:

(First) (Last)

Address: _____

(Street) (City) (State) (Zip)

Phone Day: (____) ____ - ____ Evening: (____) ____ - ____ Cell: (____) ____ - ____

Fax: (____) ____ - ____ E-mail: _____

Parent/Guardian 2 Full Name:

(First) (Last)

Address: _____

(If different from parent 1) (Street) (City) (State) (Zip)

Phone Day: (____) ____ - ____ Evening: (____) ____ - ____ Cell: (____) ____ - ____

Fax: (____) ____ - ____ E-mail: _____

Children and Youth

Name (first and last) Birth date Grade, Preschool

1. _____
2. _____
3. _____
4. _____

Please list any special needs, allergies, especially **food allergies**, health conditions, learning issues for each child, if any:

UU-Mukwonago offers a cooperative ministry for all children and youth. In order to provide quality Religious Education and Youth Programming, we depend on the support of the entire congregation. Therefore, each adult with children registered is asked to make a commitment to help in the program. Below is a list of volunteer opportunities to consider. Please indicate the areas in which you can provide assistance.

If there are two adults, please specify “P1” and “P2” to indicate your particular volunteer preference.

Volunteer Opportunities:

- Teach children’s RE class
- Help with service projects
- Assist children’s RE class
- Substitute (ages/grades) _____
- Story telling
- Singing/Music with children (list voice or instruments _____)
- Community Outreach
- Special Events
- Other _____
- Please check here if you are not able to volunteer due to extenuating circumstance,***
and the Director of Religious Education will contact you to discuss options.

*I will allow my child/ren to be photographed and his/her photo used for the promotion
of

The United Unitarian & Universalist Society of Mukwonago

Yes/ Please initial _____

No/Please initial _____

The undersigned parent or legal guardian hereby gives permission for the above registered children to participate in the UU Mukwonago Religious Education Program. This permission also authorizes the supervising adults to seek emergency medical treatment for my children when deemed necessary. This consent is effective September 15, 2009 through June 15, 2010. **please note there will not be summer RE classes*

Parent/Guardian 1 signature date

Parent/Guardian 2 signature date