

2014-2015 CHURCH SCHOOL REGISTRATION

Unitarian Universalist Church of Nashua, New Hampshire

Name (Last, First) of each child enrolled (babies through high school) Birth Date Grade/Year in School

Parent/Guardian Names (Last, First) Address (Street, Town, State, ZIP CODE) Preferred Phone

1. _____

2. _____

☆PREFERRED e-mail address: _____ We do not use e-mail

*PLEASE NOTE: Please give us an address that you use frequently so that we can send permission slips, letters, or fliers by e-mail.

List any special medical needs such as vision or hearing problems, ADHD, learning disabilities, allergies:

If you have special instructions that can help us to better understand and serve your child, please write them on the back of this form.

Is your family experiencing a recent change such as: just moved, a divorce or death? Please explain:

In registering my child/children in this church school,

I recognize and accept the responsibility of working cooperatively with the church school by:

- Insuring REGULAR and ON-TIME ATTENDANCE
- Keeping informed about the programs and activities
- NOT bringing a sick child to church school class
- Assisting in your child's church school class once a semester.

Signature of Parent/Guardian _____ Date _____

I grant the UU Church of Nashua permission to include photos and/or videos of my children on the UU Nashua website and newsletter YES NO Initial: _____

VOLUNTEER PREFERENCE

Our program depends on your help. We try to match our needs with your preferences. Please let us know what they are!

OCCASIONAL CHILDCARE <input type="checkbox"/> Baby/Toddler Room (Assist) <input type="checkbox"/> Childcare for a "Teacher's Day Off" (on a Sunday Morning) or during a Teacher Training Session
CLASSROOM <input type="checkbox"/> Team Teaching <input type="checkbox"/> Substituting <input type="checkbox"/> Assisting
WAYS I WOULD ENJOY BEING INVOLVED <input type="checkbox"/> Helping with craft parties (Winter and Spring) <input type="checkbox"/> Music <input type="checkbox"/> Join the Religious Education Committee <input type="checkbox"/> Class Liaison <input type="checkbox"/> Other: (Specify)

VOLUNTEER #1
Name: _____

OCCASIONAL CHILDCARE <input type="checkbox"/> Baby/Toddler Room (Assist) <input type="checkbox"/> Childcare for a "Teacher's Day Off" (on a Sunday Morning) or during a Teacher Training Session
CLASSROOM <input type="checkbox"/> Team Teaching <input type="checkbox"/> Substituting <input type="checkbox"/> Assisting
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VOLUNTEER #2
Name: _____