

## Channing Memorial Church Religious Education Family Registration Form, 2011-2012

*We are an intentionally diverse community, celebrating the lives of all people and families. The information gathered on this form equips our volunteers and staff in providing a positive experience for your child(ren)/youth. Please share with us any relevant information (allergies, special needs, learning or behavioral challenges, etc.). Also, if there are any family circumstances that might make your child(ren)/youth sensitive to a particular topic in the curriculum, please contact the Director of Religious Education.*

### Parent/Guardian Information (PLEASE PRINT CLEARLY)

Parent/Guardian #1 Name	Parent/Guardian #2 Name
Mailing Address (include zip code)	Mailing Address (include zip code)
Telephone/Cell	Telephone/Cell
Email	Email
<input type="checkbox"/> I am a member of CMC	<input type="checkbox"/> I am a member of CMC

use reverse for additional Parent/Guardian information

### VOLUNTEER SIGN UP

This is a cooperative program. We count on your willingness to participate and ask that every parent/guardian teach one season or serve on the RE Committee or coordinate a Special Event.

I prefer (*circle one*):      Teach                      RE Committee                      Special Event

Teaching Preference:

- Preschool                       Kindergarten-First Grades                       Second-Third Grades  
 Fourth-Fifth Grades       Junior High Youth                       High School Youth  
 I am interested in being trained as an OWL facilitator

### SPECIAL TALENTS

(Please indicate any skills/interests you particularly might enjoy sharing: music, art, storytelling, juggling...)

**PUBLICITY CONSENT:** Images, including individual and group photographs will not be used in publications created by/for Channing Memorial Church without the permission of the parent/guardian. This pertains to images used on the channingchurch.org website, e-mail correspondence, congregational brochures/posters and on bulletin boards located in the church building.

Yes / No (*circle one*) I grant permission for photos of my child taken during Channing Memorial Church events/activities to be published on the church website, church-only e-mails, congregational brochures/posters or in the church building. I understand there will be no names attached.

Parent/Guardian Signature

Date

# Channing Memorial Church Religious Education Child Information Page

*Please fill out a separate form for each of your children/youth.*

All of the information provided on this page will be stored in a binder for teacher and staff reference only. The information you provide on this page can be critical for your child's safety and our ability to provide a positive religious education experience for your child.

Child's Name/Nickname: \_\_\_\_\_

DOB: \_\_\_\_\_

School Name: \_\_\_\_\_

Grade (in Sept. '11): \_\_\_\_\_

Please check all that apply:

- ADHD
- Allergies\*
- Asperger's Syndrome
- Autism
- Behavior diagnosis
- Diabetic
- Down's Syndrome
- Epilepsy
- Hard of hearing
- Hyperactive
- Low vision
- Sensory Issues
- Uses a wheelchair
- Other\*

\* Please explain other here: \_\_\_\_\_

\_\_\_\_\_

\* Please list/explain allergies here: \_\_\_\_\_

\_\_\_\_\_