

ALUUC 2019-2020 RE Registration

Parent/Guardian Name(s): _____ ALUUC member(s) Yes No

Address: _____

Email: _____ phone # _____

Child(ren) Registering (PLEASE PRINT LEGIBLY):

Name	Age	Grade for 2019-20 school year (check one)				
_____	___	<input type="checkbox"/> Nursery (infant-k)	<input type="checkbox"/> Spirit Play (pre-k-3)	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> SYG
_____	___	<input type="checkbox"/> Nursery (infant-k)	<input type="checkbox"/> Spirit Play (pre-k-3)	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> SYG
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_____	___	<input type="checkbox"/> Nursery (infant-k)	<input type="checkbox"/> Spirit Play (pre-k-3)	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> SYG
_____	___	<input type="checkbox"/> Nursery (infant-k)	<input type="checkbox"/> Spirit Play (pre-k-3)	<input type="checkbox"/> 3-5	<input type="checkbox"/> 6-9	<input type="checkbox"/> SYG

Notes regarding children (special needs, allergies--anything that can help us serve your child[ren] better)

Areas in which I/we would like to volunteer for RE this year (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Special event assistance Easter egg hunt |
| <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Special event assistance Friendsgiving (9-12) |
| <input type="checkbox"/> Snack Donation | <input type="checkbox"/> Special event assistance Off-site field trip |
| <input type="checkbox"/> Supplies Donation | chaperone/transport |
| <input type="checkbox"/> Special event assistance
Halloween costume parade | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> Special event assistance Pageant assistant | _____ |

Permissions

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I authorize the Director of Religious Education to share relevant information regarding the special needs of my child(ren) with RE teachers. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | I give permission for my child(ren)'s photo to be published in local newspapers, newsletters, in-house bulletin boards, and on our church website or Facebook page. |

parent/guardian signature

date