

**Unitarian Universalist Church of Worcester  
RE Registration 2009-2010**

Children's Names	Grade 9/09	Birth Date	9 or 11am Service
Child 1			
Child 2			
Child 3			
Child 4			

<b>Parent 1 Name:</b>		<b>Parent 2 Name:</b>	
<b>Address</b>		<b>Address</b>	
<b>City</b>		<b>City</b>	
<b>State</b>	<b>Zip:</b>	<b>State</b>	<b>Zip:</b>
<b>Home Phone:</b>		<b>Home Phone:</b>	
<b>Cell phone:</b>		<b>Cell phone:</b>	
<b>E-mail:</b>		<b>E-mail:</b>	

*All Parents:*

**Please list allergies:**

\_\_\_\_\_

**Please tell us anything about your child's needs or learning style that will help us provide the most positive learning atmosphere:** \_\_\_\_\_

(continue on back)

\_\_\_\_\_ **Please check if you do not want your e-mail added to RE family mailing list**

**IN CASE OF MEDICAL EMERGENCY:**

I can be reached at \_\_\_\_\_

*If I cannot be reached, please notify:*

<b>Name:</b>	<b>Cell Phone:</b>
<b>Relationship:</b>	<b>Phone:</b>

<b>Doctor Name:</b>	<b>Phone:</b>
<b>Health Insurance Provider:</b>	<b>Policy #</b>
<b>Subscriber's Name</b>	

**PHOTO AND MEDIA RELEASE:**

I hereby give my permission to the UUCW to photograph my child(ren). I understand that any photo of my child will be used solely for the church purposes consented to by me below. The Church will not allow such photo(s) to be used for any other purpose or by any other person or organization without your prior consent. I may revoke this authorization upon written request to the DRE at any time.

(Please continue on the back)

I also understand there will be no financial or other remuneration paid to me for using photographs of my child(ren). I further understand that the UUCW is not responsible for any liability incurred as a result of his/her participating in this photography.

Please indicate your preferences for your child by checking **ALL** of the appropriate lines below. If you do not want your child to be photographed for any reason whatsoever, please check only the last box

**I hereby consent and grant the UUCW the right to:**

\_\_\_\_\_ use my child's photo on in-church bulletin boards or poster boards, (*first names only are used*)

\_\_\_\_\_ use my child's photo on the church website (*no names or towns of residence will be used*)

\_\_\_\_\_ share my child's photos with other families from the class or photographed event via Picasa, Shutterfly, or a similar web-sharing service.

\_\_\_\_\_ I do not want my child to be photographed.

**Parent /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**(continued remarks from front about child's needs)**

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