

RELIGIOUS EXPLORATION 2013-14 REGISTRATION



UUCA unitarian universalist
CONGREGATION OF ATLANTA

PARENTS/CAREGIVERS

NEW family to UUCA Religious Exploration Program UUCA Member Pledging Family

(1) Last Name _____ First Name _____ Relationship to Child _____

(2) Last Name _____ First Name _____ Relationship to Child _____

Address1 _____ City _____ Zip _____

Address2 _____ City _____ Zip _____

Please include Address2 in all mailings

PRIMARY: Phone _____ PRIMARY: Email: _____

SECONDARY: Phone _____ SECONDARY: Email: _____

EMERGENCY CONTACT: Name: _____ EMERGENCY CONTACT: Phone: _____

NOTE: We appreciate that you may have several points of contact. Please choose one that you consider "primary".

I permit photos of my child/ren to be used for communication purposes, including uuca.org

CHILDREN/YOUTH

SERVICE TIME (Please choose one) 9:30 11:15

CHILD #1

Last Name _____ First Name _____

Birth date _____ Age _____ School _____ Grade (Fall 2013) _____

OFFICE USE ONLY
CLASS _____
ROOM _____

Please check all that apply:

- | | | | | |
|-----------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavior Diagnosis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Uses a Wheelchair | <input type="checkbox"/> Allergies* |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Other** | |

*Please list/explain allergies here: _____

**Please explain other here: _____

Turn over for information for Child #2 through Child #4 & to complete the volunteer form →

CHILD #2

Last Name _____ First Name _____

Birth date _____ Age _____ School _____ Grade (Fall 2013) _____

OFFICE USE ONLY
CLASS _____
ROOM _____

Please check all that apply:

- | | | | | |
|-----------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavior Diagnosis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Uses a Wheelchair | <input type="checkbox"/> Allergies* |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Other** | |

*Please list/explain allergies here: _____

**Please explain other here: _____

CHILD #3

Last Name _____ First Name _____

Birth date _____ Age _____ School _____ Grade (Fall 2013) _____

OFFICE USE ONLY
CLASS _____
ROOM _____

Please check all that apply:

- | | | | | |
|-----------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavior Diagnosis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Uses a Wheelchair | <input type="checkbox"/> Allergies* |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Other** | |

*Please list/explain allergies here: _____

**Please explain other here: _____

CHILD #4

Last Name _____ First Name _____

Birth date _____ Age _____ School _____ Grade (Fall 2013) _____

OFFICE USE ONLY
CLASS _____
ROOM _____

Please check all that apply:

- | | | | | |
|-----------------------------------|---|--|--|-------------------------------------|
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Behavior Diagnosis | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Uses a Wheelchair | <input type="checkbox"/> Allergies* |
| <input type="checkbox"/> Diabetic | <input type="checkbox"/> Hyperactive | <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Down's Syndrome | <input type="checkbox"/> Low Vision |
| <input type="checkbox"/> Autism | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Sensory Issues | <input type="checkbox"/> Other** | |

*Please list/explain allergies here: _____

**Please explain other here: _____

Volunteer Opportunities with *UUCA Children and Youth*

UUCA's Religious Exploration program is a cooperative program that relies on the time and talents of many individuals each and every year! The opportunities below are our most needed positions – please indicate where you are willing and able to assist. All volunteers will be provided training and support throughout the year, as well as UUCA's unending appreciation. Completion of a background check is required for positions that work directly with minors.

Name _____ Email: _____ Phone: _____

Sunday Morning Volunteer Opportunities Service Time 9:30 11:15

- Religious Exploration Class Guide:** Two volunteers per class per trimester. Each class guide team commits to working together every Sunday for one Trimester.

Class (select 1) Preschool Kindergarten 1st/2nd 3rd/4th 5th/6th 7th/8th
Trimester (select 1) Fall Winter Spring Summer

- First Sundays Classroom Guide:** Guide classes on First Sunday of each month connected to UUCA First Sunday Sermon Series.

Class (select 1) Preschool Kindergarten 1st/2nd 3rd/4th 5th/6th 7th/8th

- Sunday Back-up Classroom Guide:** Substitute and/or help in classrooms as needed.

- Sunday Supervisor:** Work with RE Staff behind the scenes to ensure a smooth Sunday morning.

- Justice Sundays Classroom Guide:** Guide justice-focused classes 5-7 Sundays throughout year. 2013/2014 Focus: environmental issues.

- Classroom Buddy:** Aid a child/youth with special needs to fully participate in the RE program and feel that they truly belong at UUCA. This group works closely with the Religious Exploration staff and is a year-long commitment.

- Youth Advisors:** Team of 6-8 advisors who partner with and support UUCA high school youth by participating in weekly meetings, serving on the Youth Adult Committee and chaperoning occasional outings and overnights (must be over 25 years of age).

Additional Volunteer Opportunities

- Coming of Age (CoA) Mentor:** Guide an 8th grader with faith development. Attendance at monthly Friday evening gatherings and two retreats required.

- Our Whole Lives (OWL) Facilitators:** Facilitate an age appropriate comprehensive sexuality education program. One weekend training required (paid by UUCA).

Class (select 1) K/1st/2nd 4th/5th/6th 7th/8th/9th 10th/11th/12th

- CoA Coordinating Team (CoACT):** Partner with UUCA staff to plan and administer CoA program.

- Children's Ministry Team:** Partner with UUCA staff in planning and administering the RE program.
 - Justice Sundays Squad Teacher Recruitment, Support and Appreciation Squad
 - First Sundays Squad Vision & Logistics Squad