



**CHILD AND YOUTH LIFESPAN EXPERIENCE PROGRAM
REGISTRATION FORM
UNITRARIAN UNIVERSALIST CONGREGATION
OF GRAND TRAVERSE**

Child/Youth's Name	Age	Date of birth	Grade	Special Needs/Allergies/Health Conditions*	Immunizations Up to Date? (Y/N) – if no, please provide waiver from health department

This Form Will Serve as Registration for the 2017/2018 UUCGT Lifespan Experience Program for Children and Youth (both educational and social)

- I am registering for Children/Youth Programing (pre-school-5th grade, 6th-8th grade)
- I am registering for Nursery Care (infant – 4 yrs.)
- I have a High School Student and am interested in connecting them with their peers, as well as adult mentors in the congregation

Parent

(or guardian) first name _____ last name _____ home phone _____
 address _____ day/work phone _____
 _____ cell phone _____
 email address _____ *Shall we contact you by phone? or e-mail?*

Parent

(or guardian) first name _____ last name _____ home phone _____
 address _____ day/work phone _____
 _____ cell phone _____
 email address _____ *Shall we contact you by phone? or e-mail?*

* Please note, if your child has special needs, health conditions, allergies, different learning abilities, etc. we ask that you contact the Director of Lifespan Experience to make sure we welcome your child(ren) appropriately and honor their inherent worth and dignity.

What are the best days/times for you and your children for extra-curricular and social events?

YOU

Your Children

- In registering my child(ren)/youth, I recognize the importance of **regular attendance** and parental participation in my child's Lifespan Experience program.
- I accept the responsibility to help make this year's Lifespan Experience program a meaningful experience for children and youth at our Congregation.
- I also understand that to provide a secure and safe environment for children and youth at our Congregation, all persons working with my child(ren) at the Congregation have filled out a data form complete with references.

The Unitarian Universalist Congregation of Grand Traverse's Lifespan Experience Program is a cooperative, volunteer-based program and depends on *many* volunteers to make it work. We ask each family with a child registered in our programs to assist in some way during the year. We are always in need of chaperones, assistance with events, but most especially by teaching, assisting in one of our classes, or serving on the Lifespan Experience Committee. The Lifespan Experience Program for Children and Youth relies on the generosity of your support in the form of pledges to the annual church stewardship campaign.

I can help with _____

Teaching _____ grade(s) Teacher's helper/float _____

Serve on the Committee on Lifespan Experience _____

Signature: _____ Date: _____

Emergency Contact _____

Relationship _____

Phone _____ Email _____

Address _____



Unitarian Universalist Congregation of Grand Traverse

IMAGE RELEASE CONSENT FORM

As part of our Lifespan Experience Program we take photographs and videos of children in action as they participate in the classrooms, field trips, Intergenerational events, social justice action, etc. We would like you to indicate below what uses of images of your child you are willing to consent to. This is completely up to you. We will only use the photographs in ways that you agree to. In any use of these images, names and other personal information will **NOT** be identified, unless first discussed with the parents.

- Images of my child(ren) may be used as part of pamphlets, brochures, and Curriculum and Lifespan Experience Informational materials/videos.
- Images of my child(ren) may be used for newspaper publications announcing ceremonies, programs, Social Justice participation, church events, etc.
- Images of my child(ren) may be used at meetings, lectures, services and workshops designed to educate teachers and congregations about Lifespan Experience Programming and Education, Church Community, spiritual development and social justice endeavors.
- Images of my child(ren) may be used on the UUCGT Facebook page/Website.
- Please **do not** use ANY images of my child(ren) in ANY way.

I have read the above description and give my consent for the use of the images as indicated above.

Child(ren)'s name(s): (please print)

Parent/Guardian Signature

Parent/Guardian Name (please print)

Date