

# 2011-2012 Religious Education Registration Form

Date: \_\_\_\_\_

New Family  Returning Family

Parent/Guardian Name:

Parent/Guardian Name:

\_\_\_\_\_

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

**Regular attendance makes a real difference in your child's religious education. It helps your child establish consistent relationships and provides a sense of continuity. We hope to see your family every Sunday!**

Child(ren)'s Name(s) First and Last	Birth Date	School Grade	Allergies/Medical Conditions

**Our Religious Education Program is a cooperative effort. It works because parents share their time and energy. Please indicate where you are willing to contribute.**

**Please contact me with more information on:**

- Yes \_\_\_ No \_\_\_ **being an RE Greeter** - Greet families before church & show new children to their classes.
- Yes \_\_\_ No \_\_\_ **providing a Specialty Class** - Lead or assist with a class one Sunday this year
- Yes \_\_\_ No \_\_\_ **helping with special RE activities** - Such as fall festival or the volunteer appreciation party
- Yes \_\_\_ No \_\_\_ **preparing food for special event** – someone will call you to ask if you can help
- Yes \_\_\_ No \_\_\_ **helping in the RE office on an as needed basis**
- Yes \_\_\_ No \_\_\_ **working in the nursery one (or more) Sunday(s) this year**
- Yes \_\_\_ No \_\_\_ **being a Coming of Age Mentor to Jr. High youth**
- Yes \_\_\_ No \_\_\_ **being a Classroom Buddy for a student with special needs**
- Yes \_\_\_ No \_\_\_ **chaperoning church overnights once or twice a year**
- Yes \_\_\_ No \_\_\_ **teaching an RE class** - Team teach about two Sundays per month
- Yes \_\_\_ No \_\_\_ **being a substitute RE teacher** - fill in if someone is sick and unable to teach
- Yes \_\_\_ No \_\_\_ **joining the RE committee** - Set policy and goals, and organize social justice activities and events of families.

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## Photo Release Form for Families

I grant People's Church of Kalamazoo, Michigan the unrestricted right to use, edit, modify and publish photographs of my children (named below) and of myself (named below), to be used solely for the purposes of People's Church promotional material and publications, including newsletter and web site. It is understood that my child will not be identified by name or any other means in any such publication. I hereby waive any rights of compensation or ownership thereto and release People's Church from all claims and liability relating to said photographs.

Date \_\_\_\_\_

Minor's Name(s) (PRINT) \_\_\_\_\_

Parent or Guardian Name(s) (PRINT) \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

## Insurance and Emergency Contact Information

Over the course of the church year, People's Church offers activities outside of Sunday Service for our youth and would like to have a permanent record of insurance and emergency contact information. There will still be individual permission forms to be signed for any outside activity, but this record will alleviate repeatedly filling out this information. Please notify the Religious Education Director with any changes in information

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Child(rens) Names \_\_\_\_\_

Child(rens) Medications \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Health Insurance Numbers \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_

Relationship \_\_\_\_\_

Number \_\_\_\_\_ Alternate Phone \_\_\_\_\_

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