

**Cedar Valley Unitarian Universalists**  
**Religious Education & Childcare Registration**  
2023-24

**Child's Name** \_\_\_\_\_ **Birthdate** \_\_\_\_\_

School Grade (if applicable) \_\_\_\_\_ Pronouns \_\_\_\_\_

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School Grade (if applicable) \_\_\_\_\_ Pronouns \_\_\_\_\_

**Address** \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Pronouns \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Parent/Guardian Name** \_\_\_\_\_ Pronouns \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Would you like us to use this information to update our membership/visitor contact records for your family? (circle one) YES/NO**

**Severe Allergies or Medical Information** \_\_\_\_\_

**Other Information that might be helpful** \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**PARTICIPATION AUTHORIZATION, MEDIA RELEASE**

My child has permission to engage in activities offered by the Religious Education and Childcare programs at Cedar Valley Unitarian Universalists. I understand that the staff and volunteers at the CVUU make every effort to provide a safe, fun environment for the children in their care. Because I acknowledge that participation in any activity carries inherent risks, I release from liability and waive my right to sue Cedar Valley Unitarian Universalists, their employees, and their volunteers from any and all claims, including claims of negligence, resulting in physical injury, illness, or economic loss my child or I may suffer or which may result from my child’s participation in these activities, travel to and from the activities, or any events incidental to these activities. In the event that my child is injured, CVUU staff and volunteers will first attempt to reach me and the emergency contact listed above; if they cannot reach us, they may seek medical care for my child. I consent to any reasonable medical treatment deemed necessary by a licensed physician, and I acknowledge that I will be ultimately responsible for the cost of any medical care should that cost not be reimbursed by the health insurance provider.

I acknowledge the CVUU’s policy that children who are eligible for vaccination against the COVID-19 virus must be fully vaccinated, and I certify that my child(ren) have received COVID-19 vaccines or are too young to be eligible.

CVUU staff and volunteers have permission to photograph/film the minor(s) designated on this form, and the resulting media may be used on CVUU bulletin boards, in the newsletter, on the web (including social media), and/or in promotional materials for children’s programming at the CVUU.

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parent Volunteer Information**

Please indicate which projects you would be willing to help with on an occasional basis.

- Back Up Nursery Care
- Childcare Volunteer
- RE Teacher
- Classroom Helper
- Substitute Helper
- Sharing a Skill: \_\_\_\_\_
- Other: \_\_\_\_\_

**For office use:**

Recorded by DCRE \_\_\_/\_\_\_/\_\_\_ Sent to Office (check) \_\_\_\_\_ Recorded in Office \_\_\_/\_\_\_/\_\_\_