

Cedar Valley Unitarian Universalists
Religious Education & Childcare Registration
2024-25

Child's Name _____ **Birthdate** _____

School Grade (if applicable) _____ Pronouns _____

Child's Name _____ **Birthdate** _____

School Grade (if applicable) _____ Pronouns _____

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School Grade (if applicable) _____ Pronouns _____

Child's Name _____ **Birthdate** _____

School Grade (if applicable) _____ Pronouns _____

Address _____

Parent/Guardian Name _____ **Pronouns** _____

Cell Phone _____ Home Phone _____

Email Address _____

Parent/Guardian Name _____ **Pronouns** _____

Cell Phone _____ Home Phone _____

Email Address _____

Would you like us to use this information to update our membership/visitor contact records for your family? (circle/check 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 ___/___/___