

**FAITH DEVELOPMENT REGISTRATION FORM**  
**UNITARIAN UNIVERSALIST CHURCH OF AMHERST**

Please share information about your family:

**Parent or Guardian #1**

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First Name	Last Name		
<hr/>			
Street Address	Apt. #	City	Zip
<hr/>			
Home phone	Cell/other phone	E-mail address	

**Parent or Guardian #2**

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First Name	Last Name		
<hr/>			
Street Address	Apt. #	City	Zip
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Home phone	Cell/other phone	E-mail address	

- May your child(ren) participate in class nature walks or programs on the church grounds? Y / N
- Where can you usually be found while your child(ren) are in their Faith Development classes? \_\_\_\_\_

My signature gives permission for my children to participate in the Faith Development Program.

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Authorized signature(s)	Printed Name	Today's Date
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**Permission to Use Photographs**

I grant the Unitarian Universalist Church of Amherst (UUCA), its employees and volunteers, the right to take photographs of my child(ren) in connection with church events. I authorize UUCA to copyright, use and publish these photos in printed materials and in web content with the understanding that children's names will not be published in photo captions.

Parent/Guardian's signature (if under 18): \_\_\_\_\_  Do not publish photos

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**Role of Parents and Caregivers**

Thank you for registering you child(ren)! We at UUCA regard you as our partners. Listed below are some ways you can help. Please check the ways you and your family can be involved:

- \_\_\_\_\_ Bring my child(ren) to church regularly
- \_\_\_\_\_ Assist in organizing / running special events
- \_\_\_\_\_ Serve as a monthly Nursery Helper
- \_\_\_\_\_ Teach or assist in a classroom (2 x month)
- \_\_\_\_\_ Assist Director in multigenerational or children's worship
- \_\_\_\_\_ Other skill or specialty to share \_\_\_\_\_

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*Please list all children (infants through high school) who will be in attendance this year. Use additional pages as needed.*

**NAME (First and Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Name of School** \_\_\_\_\_ **District** \_\_\_\_\_

**Youth Email** \_\_\_\_\_ **Youth Cell** \_\_\_\_\_

**ALLERGIES?** No \_\_\_ Yes \_\_\_\_\_

**Please share Special needs, interests, talents, family or social circumstances, custody arrangements, etc. that would help us understand your child better, or \_\_\_\_\_** Please have the Director of Faith Development call me about this.

**NAME (First and Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Name of School** \_\_\_\_\_ **District** \_\_\_\_\_

**Youth Email** \_\_\_\_\_ **Youth Cell** \_\_\_\_\_

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**Youth Email** \_\_\_\_\_ **Youth Cell** \_\_\_\_\_

**ALLERGIES?** No \_\_\_ Yes \_\_\_\_\_

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Thanks!