

UUCCI Children's RE Registration 2009-10
(Please complete and return to Amie Smith)

PHOTO

Student's Name _____

Grade this fall _____ Birth date _____

Address _____

School _____

Parent's Name _____

Custodial Parent/Guardian _____

Phone Numbers _____

E-mail address _____

Medical and/or behavioral concerns (including allergies) _____

In order to sufficiently staff our RE programs, we must ask that you teach or co-teach at least one month (4 classes) of RE classes for each child you have in the program, unless you have been with our congregation for less than a year. Please see Amie Smith or e-mail her at amiemarie@mac.com to discuss and schedule this commitment.