

MT. DIABLO UNITARIAN UNIVERSALIST CHURCH

Religious Education Program

for

Children and Youth

~ Fall-Spring Registration Form 2009 – 2010 ~

Child's Name: _____ Birthdate: _____ Grade level in fall: _____

Child's Name: _____ Birthdate: _____ Grade level in fall: _____

Child's Name: _____ Birthdate: _____ Grade level in fall: _____

Child's Name: _____ Birthdate: _____ Grade level in fall: _____

Parent: _____

Address: _____

City/Zip: _____

Phone Number: _____ Email: _____

Anything we should know about your child? _____

Special custody arrangements we should know about? _____
(Please list additional addresses and phone numbers on back.)

Please indicate the programs in which child will participate in (Grade at the time of fall):

- Nursery care/ ages 0-3
- Grades P/ ages 3-4
- Grades PreK-K/ ages 4 ½-K
- Grades 1-2
- Grades 3-5
- MUUGS (Middleschool Youth Group at 10:30 – 11:30 am on Sundays)
- YRUU Grades 9-12 (Young Religious Unitarian Universalists Youth Sun. 6:30-8:30 pm)
- OWL(Our Whole Lives) Sexuality Education for Grades K-1(Spring)
- OWL 7-9 Sundays 10 a.m.. -12:00p.m. Fall-Spring

Fall-Summer 0910 Registration Fee September - August: _____ \$65 per child _____ \$125 per family.

I would like to donate _____ to the childcare fund

Please enclose check and return form to MDUUC, 55 Eckley Lane, Walnut Creek, 94596.

“Owl (Our Whole Lives) will have a separate registration forms and fee).

- I would like to register my child, however I cannot pay the donation request.

Please fill out the permission slip on the back. Thank You

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child/youth named above may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of MDUUC to seek and secure any needed medical attention or treatment for the child including hospitalization, if in the agent’s opinion such need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment. Attempts will be made to locate the parent.

Health Insurance Information

Insurance Carrier/ Policy Number/ Phone Number

Medical Doctor/ Doctor’s Phone

Illness, Allergies, or Medical conditions MDUUC should know about

child’s name _____

child’s name _____

child’s name _____

child’s name _____

Emergency Contacts in the event the parent cannot be located please indicate responsible persons

Names of persons and telephone numbers to call in case of emergency:

- I represent that I am the parent/guardian of _____, who is under 18 years of age. I have read the above permission/waiver form and am fully familiar with the contents thereof.

I give permission for the child/youth named above to participate in the activities of MDUUC, including special events/activities. In consideration for allowing the participation of the child/youth in the activities of MDUUC, I hereby consent to the Permission/Waiver Form

Signature of Parent or Legal Guardian _____ Date _____

Print Name of Parent or Legal Guardian _____
