Family Name(s):_____
Please Complete Both Sides of the Form

WINCHESTER UNITARIAN SOCIETY CHILDREN'S MINISTRY ENROLLMENT

I. CHILDREN'S NAMES

Children's Names *Star those interested in K-6 Children's Chorale*	**Grade at Enrollment**	**Attended these grades here**	**School/Town**	**Birth Date**	**Age**

II. FAMILY & OTHER INFORMATION

1.
PARENT/SPONSOR(1):_____Occupation:_____

PARENT/PARTNER(2):_____Occupation:_____
(if living at home)

ADDRESS:_____ Town_____ Zip_____

PHONE: (Home)_____ (Work/Cell)_____/_____

E-MAIL:(1)_____(2)_____

2. Allergies and Needs Please let us know of any particular considerations for your child. If you are concerned about confidentiality, please give the information directly to Rebecca Kelley-Morgan, Program Director.

_____

_____

3. May we use your child's image, writing, or artwork in Society publications or on its website?
Names will never accompany photographs without your express permission. ? Yes ? No

4. New to the Society? ? Yes ? No If Yes, how did you hear about us?_____

5. New to Unitarian Universalism? ? Yes ? No If Yes, what is your religious background?_____

If No, what other UU congregations have you been in?_____

6. Anything else we should know?_____

_____

III. SUPPORTING THE PROGRAM

*As a **Cooperative Sunday School**, we ask that all parents take some active role in supporting our Religious Education program. The Cooperative roles and responsibilities are outlined and described in the attached document. If you are new to the Society, our program director asks that you meet with her that we may connect you and your family to the greater faith community. In this church cooperative, our shared stewardship of our young people's faith development is a hands on teaching ministry to each child, including your own. We are a collaborative and co-created program, although a lay committee and professional staff support and develop program offerings. So that we may have an idea of where you are most comfortable serving, please indicate your preferences below.*

A. Choose an Age Group ***It is often most rewarding not to teach your own child's class.***	
Age Groups	**1st & 2nd Choices** ***Please indicate the name of Adult and order of preference for co-assignment***
Pre-K & K	
1st & 2nd	
3rd & 4th	
5th & 6th	
7th & 8th	

B. Indicate Availability *Please indicate what time of year you are most available to help the R.E. Program.* ***Programs run mid-September to early December, the January (Jan Fest) and February-June***	
	Names of Adults

C. Skills, Interests, Talents, and passions I can share:_____

_____

If you have any other questions about our Religious Education program, please feel free to talk with Rebecca Kelley Morgan, Religious Educator
Call at the office: (781) 729-0949 ex. 2 or email: Rebecca@winchesteruu.org