



REDEEMER

UNITED CHURCH OF CHRIST

Faith Formation Registration

List Children's Names: _____
(details on following pages)

Parent/Guardian Name: _____

Address: _____

Home#: _____ Cell#: _____

Email Address: _____

Best way to contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email
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Parent/Guardian Name: _____

Address (if different): _____

Home#: _____ Cell#: _____

Email Address: _____

Best way to contact: <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Email
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Other caregivers who might bring your child:

Name: _____ Phone: _____

Name: _____ Phone: _____

I will help Faith Formation in the following areas. Please give me a call/e-mail:

- | | | |
|---|---|---|
| <input type="checkbox"/> Teach | <input type="checkbox"/> Assist in youth activities for grades 7-12 | <input type="checkbox"/> Shop for supplies/food |
| <input type="checkbox"/> Substitute teach | <input type="checkbox"/> Assist with an intergenerational event | <input type="checkbox"/> Donate supplies/food |
| <input type="checkbox"/> Help in Nursery | <input type="checkbox"/> Other: _____ | |

Safe Sanctuary Policy: Check box below and sign/date

_____ I have received and read Redeemer's Safe Sanctuary Policy.

Publicity Release Form: Check ONE box below and sign/date

Throughout the year, we may photograph children working on projects, participating in special activities, etc. These photos may be published on the Redeemer web page or displayed in church. No names or personal information will be included on pictures of children.

_____ I will allow _____ I will NOT allow

...photos of my child(ren) to be published on the Redeemer web page and/or displayed in church according to the safeguards listed above.

Signature: _____ Date: _____

Please return the completed form to the Faith Formation mailbox in the Redeemer office or mail to
ATTN: Registration - Redeemer UCC - P. O. Box 230 - Sussex, Wisconsin 53089

Year: 2017- 2018

Please complete one copy of this page for each of your children

Child's First & Last Name: _____ Birthdate: _____

School and Grade Level: _____

Food Allergies or Medical Needs: _____

Special Needs or Concerns: _____

Are there any factors that would restrict regular attendance? _____

What is your child really good at?

What do they most enjoy doing?

What do they struggle with?

Is there anything else we need to know about your child?

Please indicate all worship activities your child is interested in:

Handing out bulletins Lighting candles Music
 Collecting the offering Reading scripture

We hope that this will be a year of community building. Our children come from many different towns and schools, and sometimes feel awkward because they don't know each other well. And sometimes their parents don't know each other. We hope that you (parents) can participate in some activities, and get to know each other and these wonderful young people.

Thank you for your time!

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