

CHURCH SCHOOL REGISTRATION

UNITARIAN UNIVERSALIST CHURCH OF AKRON

3300 Morewood Rd. Akron, OH 44333

Date: _____

Name _____ Phone (H): _____

Residential Parent or Guardian

(W): _____

Parent or Guardian Preferred Mailing Address:

Address _____ E-mail: _____

City _____ Zipcode _____

| |
|--|
| Is E-mail a good way to contact you? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list any special talents/abilities from your profession or hobby that you would like to share with our children or our Religious Education Program:

Our Church School is a cooperative venture. We need all parents to share their time with our young people. **A minimum of two years service per child in a position of responsibility is expected.** Please indicate below how you might participate by initialing the items that may interest you:

Way Cool Sunday Substitute Teach Coming of Age Mentor
 RE Teacher RE Committee Teach in Summer Program

Please include children Nursery through Grade 12

| Child's Name | Age | M/F | Birth Date | School | Current Grade | Additional Information: Pertinent medical/developmental cond., allergies, etc. |
|--------------|-----|-----|------------|--------|---------------|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Name of Additional Parent/Guardian: _____

Residential Parent or Guardian

Phone (W): _____

Address (If different from above): _____

(H): _____

Please include this address for Church School Mailings

E-mail: _____

| |
|--|
| Is E-mail a good way to contact you? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Please list any special talents/abilities from your profession or hobby that you would like to share with our children or our Religious Education Program:

Please continue your registration by completing the back of this form