AUUF RELIGIOUS EXPLORATION (RE) PROGRAM 2025-2026

REGISTRATION FORM

Child's name	
Grade in the 2025-2026 academic year D	ate of Birth
Home address	
Food Allergies/Special Needs:	
Caregiver's name(s)	
Home Address (If Different from Child)	
Phone number(s)	
Email(s)	
Preferred method of contact (circle one): Phone call To	ext message E-mail
Emergency Contact (different from caregiver indicated above)):
Name 1Ph	one
Name 2 (optional)Ph	
All children must have a responsible adult at church every week. please ask another adult to be responsible for your child that da and 2) your child's RE teacher. Designated Responsible AUUF A	ay, and notify 1) the playground supervisor,
RE Classes: Please indicate the group that matches your child's <i>Age ranges are subjective as each child is unique in their needs. P questions/concerns.</i>	
Youngest (3-6 yrs) Elementary (7-12 yrs)	Teen (13-18 yrs)
Because of the nature of Religious Exploration, classes will be disc nature. Topics that might cause one child to be concerned may a will make every attempt to communicate with you when your c could be sensitive. However, you can help us by listing topics th topics about which you feel your child might find sensitive in na	not be a cause for concern for another. We hild's class will be discussing a topic we feel at you feel you want to know about, or

Please write in any other concerns or things you want us to know about your child.		
Occasionally, RE will go on field trip(s). Parents will be notified in advance for individual trips, and a		
permission slip will be required for each child.		
Medical Release If you are not authorized to fill out this form for this child, please stop here and contact to Director of Religious Exploration at <u>auufdre@gmail.com</u> .	the	
☐ YES. I am the parent/guardian legally authorized to fill out this form for this child. I understand t following:	he	
 This form will cover my child's participation in RE events for the 2025-2026 RE year. Each event will require my permission and signature on a separate, shorter form. I am responsible for submitting an updated form if there are any changes in any of the pertinent information for this child during this church year. If my child breaks any federal/state/ provincial or local laws, my child will be asked to leat the event, I will be informed, and I will be responsible for transporting the child away from the event. I hereby consent to and authorize AUUF staff or designated adult to take action to help ensure the safety, health and welfare of my child. I request and empower the AUUF staff of designated adult to authorize medical personnel and/or hospitals to provide all medical care including, but not limited to, hospital tests, emergency surgical care, pathology, radiology, anesthesia, surgery and/or prescription drugs for the health of my child. Chaperoning adults will carry these forms on all outings and field trips sponsored by AUUF. NO. I will seek out the DRE to discuss this matter further in person as soon as possible. 	n	
Name of Doctor		
Doctor's Telephone Number		
Name of Dentist		
Dentist's Telephone Number		
I grant my permission for my youth to be given over the counter medicine, if/as needed.		
□ YES □ NO		
Do you carry family medical/hospital insurance that covers this child?		
□ YES □ NO		
If yes, name of insurance policy holder (First, Last)		
Health Insurance Agency Name		
Insurance Policy Number		

Insurance Group Number		
Insurance Company Phone Number from Ca	ard	
To best care for your child, please list all known medical/health/behavioral issues so the chaperones and sponsors are well informed. Please include any current medications, allergies or pertinent information. If none, please specify: "None."		
harmless the Auburn Unitarian Universalist from any and all claims, cause of action, and	ild, does hereby RELEASE, discharge and covenant to hold Fellowship (AUUF), it's officers, employees and volunteers, liability of any kind, including personal injuries or death, or in the child's attendance or participation in youth	
Caregiver Name (please print):		
Caregiver Signature:	Date:	
Photo Release		
I consent to the AUUF publishing my child's publications. I understand that my child's na	photograph/work on <i>the AUUF website or in AUUF</i> nme will not appear in these publications.	
☐ YES	□ NO	
I consent to the AUUF to publishing photos activities.	of my child in news articles to the wider community about AUUF	
□ YES	□ NO	
Caregiver Name (please print):		
	Date:	
Caregiver Volunteerism		
	eers. Your help allows us to provide a more enriching experience ould like to help by checking below all you are able to assist	
☐ Help in the classrooms (as needed)		
$\hfill \square$ Help prepare and maintain the RE b	uilding	
\square Serve on the RE Committee		
☐ Help with special events (Please check your preferences below):		

- o Field Trips
- Refreshments for Teacher
 Gatherings
- REConnect Events
- Pancake Breakfast
- o Car Wash
- Pinwheels for Peace (September)

- o Cooperative Pumpkin Decorating (Fall)
- Valentine's Express (January-February)
- Cooperative Egg Hunt (March-April)
- RE Service (Spring)
- Teacher Appreciation Gifts (April-May)
- o RE Picnic (April-May)
- o Other Special Events

AUUF RE Mission Statement

The Religious Exploration Program (RE) at the AUUF is dedicated to fostering a sense of wholeness in our children and youth and enriching their spiritual lives as they explore faith traditions and religious and ethical questions within a supportive UU community. Guided by the AUUF Mission Statement and the UUA principles, and leading by example, those involved with the RE program empower young people to respect the inherent worth and dignity of themselves and others, search for individual spiritual meaning, make responsible decisions, and understand what it means to be a Unitarian Universalist in a world of religious diversity. We strengthen the bonds between AUUF young people and adults, and help our children and youth understand the importance of working with the larger community to care for the earth and to bring about a safe and just world.

----- END of Registration Form -----