

Children & Youth Religious Exploration Program Registration 2011-'12

Name
Class
Health Alert

We need to update our information each year. Please fill out completely and note age and grade as of 08/15/11. *****Children remain with their age group for the entire year.**
Also, as this is a volunteer organization, we need everyone's participation in some way. Please identify how you can contribute to the program.*****

Child/Youth name	M/ F	Birthdate	School/Grade
1. _____			
2. _____			
3. _____			
4. _____			

Parent/Guardian #1 Name _____
 Address _____ zip _____ Hm phone _____
 Email address _____ Wk Phone _____ Cell _____

Parent/Guardian #2 Name _____
 Address _____ zip _____ Hm phone _____
 Email address _____ Wk Phone _____ Cell _____

GENERAL TRIP PERMISSION AND MEDICAL WAIVER

I give permission for emergency medical treatment to be given to my children.
 Health Ins. Provider _____
 Name of Insured Party _____ Preferred Hospital _____
 Allergies/Special Needs/Health Issues/Medications,
 Child name - _____
 Child name _____
 Child name _____
 Child name _____

MEDIA PERMISSION

Photos may be taken of your child(ren) and used for AUUF/RE program purposes, including posting on the Web. We will never identify your child. Sign here if you **DO NOT** wish that we use photos of your child(ren).
 Parent/Guardian Signature _____ Date _____

_____ Enclosed is a \$10 per child suggested snack donation for the year - maximum \$20 per family (can be waived if necessary, speak to Rosene Beachy, DLRE) (don't forget to fill out the back page!!)