

**CONFIDENTIAL**

**2011-12 Registration Form**  
**Unitarian Fellowship of West Chester**  
**Religious Education Program**

Director of Religious Ed.  
Pam Baxter  
610-692-5966 (Office)  
dre@ufwc.org

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Current School Grade \_\_\_\_\_ Year child will graduate High School \_\_\_\_\_

Address: \_\_\_\_\_

Your Name: \_\_\_\_\_ Your relationship to the child: \_\_\_\_\_

Telephone: Day (\_\_\_\_)\_\_\_\_-\_\_\_\_ Eve: (\_\_\_\_)\_\_\_\_-\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_-\_\_\_\_

E-mail: \_\_\_\_\_

List any talents or interests your child might like to share (eg., singing, acting , reading, musical instruments):  
\_\_\_\_\_

1. Does your child have any special dietary restrictions? Y\_\_\_ N\_\_\_ If yes, please describe:  
\_\_\_\_\_

2. Does your child have any allergies or medical issues we should be aware of?  
Y\_\_\_ N\_\_\_ If so, please describe:  
\_\_\_\_\_

3. Does your child have any physical limitations/disability that would prevent him/her from using the stairs that provide access to the RE classroom space? Y\_\_\_ N\_\_\_

4. Does your child have special needs that affect his or her ability to participate in a classroom setting? Y\_\_\_ N\_\_\_

*Note: If you answered "yes" to either of the above two questions, you must speak with the Director of Religious Education to talk about your child's specific needs and if we can accommodate your child.*

5. Our Religious Education program is a parent cooperative. Without the participation of our families, we could not offer a quality program! We count on Volunteer help in the following areas -- please indicate where you might be able to assist:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Classroom Aide      | <input type="checkbox"/> Assist with a special event | <input type="checkbox"/> Teach an RE Class         |
| <input type="checkbox"/> Group Activity Aide | <input type="checkbox"/> Help in the Nursery         | <input type="checkbox"/> Serve on the RE Committee |

**6. IMPORTANT:**

I understand that one of my (occasional) responsibilities is to be the Floating Volunteer.

We ask non-teaching parents of RE students to volunteer on a rotating basis as "Floating Volunteer." Being the "FV" is easy and fun, and helps everything run smoothly on Sunday mornings. It's also a great way for you to stay in touch with what's going on. Printed instructions are posted in the snack area and in the RE section of our website. You may also contact the DRE or anyone on the RE Committee for more information.

**Please SEE/SIGN  
the Permissions  
on page 2.**



**CONFIDENTIAL**  
***Unitarian Fellowship of West Chester***  
***Religious Education Program Registration***  
**Children With Special Needs**

*If you answered "Yes" to either/both questions 3 and 4 on page 1, please complete this form. Thank you!*

Our Religious Education (RE) Program requires specific information about any child with special needs that may affect whether or not he/she can access the RE Program. We want you and your family to feel welcome here and we will work with you to try to integrate your child into the Program; however, we may not be able to accommodate every child's needs. We are a relatively small congregation, with limited resources, and our RE Program is staffed entirely by volunteers, not professionals.

1. Please describe your child's special needs (or provide any applicable diagnoses):

---

2. If your child has a physical disability, please describe his or her specific requirements for access to the RE space:

---

3. If applicable, at what grade level is your child currently working? (Pre-school, Kindergarten, 1<sup>st</sup> Grade, etc.):

---

4. Is your child able to participate in group activities with typical children his or her age?

---

5. What situations or activities are especially difficult for your child?

---

6. What supports, strategies, or approaches have been useful in helping your child to learn or participate in group activities?

---

---

7. Does your child require individualized adult support in a classroom setting? Y\_\_\_\_\_N \_\_\_\_\_

8. If yes, please indicate the support you will provide (i.e. family member, Therapeutic Staff Support (TSS), or other aide) during RE classes with your child: \_\_\_\_\_

NOTE: If a support person or other aide is not available for any session, you will be expected to attend the session with your child.

*If you have further information that you would like to share, please use the reverse side of this form.*

I understand that the information provided on this form will be reviewed at the beginning of each school year, and on an as-needed basis to determine whether my child's developmental or physical changes require changes to the plan, if any, developed to assist my child.

I understand that the information on this form will be provided to my child's RE teachers on an as-needed basis.

I also understand that the Unitarian Fellowship of West Chester will try to accommodate the special needs of my child, but is under no obligation to continue to do so if my child's developmental or physical changes are of such a nature as to be disruptive to the RE Program and/or to the well-being of the other participants in the Program.

---

Signature

---

Date