

Date: _____ Youth Surname: _____



FIRST UNITARIAN CONGREGATION OF OTTAWA ~Religious Exploration 2011-2012

YOUTH REGISTRATION

Please fill out both sides of this form.

Contact Information:

Youth		Parent(s)	
Name:		Name(s):	
Street Address:		Street Address:	
City:	Postal Code:	City:	Postal Code:
Phone:		Phone:	
Email:		Email:	

Interesting Stuff about You:

Birth Date: _____ School/Grade: _____
 day month year school grade

Allergies / Health Concerns:

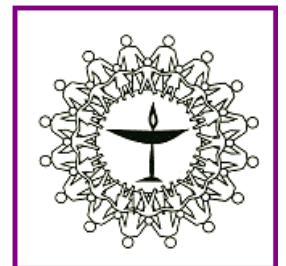
Interests:

Anything else you'd like us to know about you?

Our Faith Community and You:

Check the boxes that best describe you!

- My parent(s) is/are Friend(s) or Member(s) of the congregation.
- My family just started attending services here.
- My parents are not involved in the congregation.
- I have siblings who also participate in Religious Exploration.
- I am a Junior Member of the congregation.
- I am interested in learning more about Junior Membership.



How would you like to share your skills, talents, and interests with our faith community?

Permission for Youth Group Participation:

I, _____, hereby grant permission for _____
(name of parent/guardian)

to participate in the Youth Group Program at the First Unitarian Congregation of Ottawa.

Signature of parent/guardian: _____ Date: _____

Permission for Walking Distance Field Trip Participation:

I, _____, hereby grant permission for _____
(name of parent/guardian)

to go on walking distance field trips off church property during the 2011-2012 Youth Group Program, September through May. I understand that other permission forms will be required for more extensive travel (ie. youth conferences).

Signature of parent/guardian: _____ Date: _____

Photo Waiver:

I, _____, hereby grant permission for _____
(name of parent/guardian)

to be photographed at activities associated with the First Unitarian Congregation of Ottawa. These photos may be used in displays at the church, in the congregation's newsletter, and on our church website (with no identifying information). These photos allow us to get to know each other in our faith community.

Signature of parent/guardian: _____ Date: _____



Keeping Our Wheels Turning:

Does your family pledge (make a yearly financial contribution) to this congregation?
YES [] NO []

We welcome families regardless of financial resources. We highly encourage parental participation in the program in the form of volunteering. Many families support the congregation through tax-receiptable donations (pledges). If your family is not already pledging, please enquire at the Main Office to learn more and you will be directed to a member of the Stewardship Committee. **If you choose not to pledge, a donation of \$50 per youth (up to \$100 per family) at the time of registration to offset the cost of program supplies would be gratefully accepted.**