

First Parish Cooperative Sunday School

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2011–2012 Registration Form: 9th Grade Students

I. Child's Information:

Full Name of Child:

Date of Birth:

Grade in Sept. 2011

E-Mail address of child: _____

II. Are you new to First Parish_____? Member? _____ Non-member? _____

III. Because of the extensive resources involved in this program, we require that the families of participating youth are pledging members of First Parish, Concord. Are you a pledging member? Yes_____ No _____

IV. My youth is planning to attend:

Fall Term: Coming of Age (COA), Sunday evenings: Yes _____ No _____

Youth Group, Sunday Evenings at 7:00 pm when there is no COA programming Yes _____ No _____

IV. Retreat Fees (*Please make checks out to First Parish*)

_____ \$300 COA Retreat/Activity Fees; \$35 late fee after 8/1/11 (late registrations are difficult with our reduced staffing in RE. Please, please try to be on time.)

There are three mandatory retreats in this year's program (Fall, Winter and Spring, dates TBD)

The COA fee includes the cost of these retreats (guided team-building activities, lodging, and food) as well as the UU Heritage Retreat in Boston. The greater program costs of staffing, classroom space, and curriculum development are paid for by your annual pledge. We count on you to support our programming through your annual pledge. The guidelines for fair share pledging are available in the First Parish Office. Financial assistance is available and can be arranged with the RE director or the ministers. Although payment is collected at registration, your fee can easily be refunded if the participant withdraws prior to the Fall Retreat.

There is no fee for YRUU.

V. Please use this space (or another page) to share information you think will help us ensure a positive experience for your child. Accept for allergies, this information will be kept confidential.

_____ Allergies (*please specify below*)

_____ Taking Regular Medication (*please specify below*)

_____ Uses Epi-Pen

_____ Receives help in the classroom during the week

_____ Medications (*please specify below*)

_____ Other specific medical needs or personal concerns

_____ Hearing/Vision/Attention difficulties (*please specify below*)

(please specify below)

