

**First Parish in Wayland  
Elementary Religious Exploration Program 2009 - 2010  
Cooperative Sunday School Participation & Registration**

**Children Enrolled in the Nursery and/or Sunday School Program**

	<i>Full Name</i>	<i>Date of Birth</i>	<i>Grade</i>	<i>Allergies/Special Needs</i>	<i>Snack fee \$10 paid</i>
1		/ /			
2		/ /			
3		/ /			
4		/ /			
5		/ /			

**Participation in the Cooperative Religious Exploration Program**

Our cooperative religious exploration program requires that every family participate in the faith development of their children. Please indicate the name of the family member(s) who are participating and rank your top three choices for participation. If you have any questions, please contact Carol Yerby, Director of Religious Exploration.

<p><b>Opportunities for Participation:</b> (please circle one)</p> <p>(A) Teach in the fall</p> <p>(B) Teach in the winter</p> <p>(C) Teach in the spring</p> <p>(D) Lead Way Cool Sunday School</p>	<p><b>Name of family member who is participating:</b></p> <p>_____</p> <p><b>First choice</b> (grade &amp; term): _____</p> <p><b>Second choice</b> (grade &amp; term): _____</p> <p><b>Third choice</b> (grade &amp; term): _____</p>
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**Family Information**

	<i>Parent/Guardian #1</i>	<i>Parent/Guardian #2</i>
Full Name		
Address		
City & Zip		
Home phone	- -	- -
Work phone	- -	- -
Cell phone	- -	- -
E-mail		
Special Skills		

**Authorization Signature**

May we use your child's picture and/or artwork on our bulletin boards and website? Yes \_\_\_\_\_ No \_\_\_\_\_

I authorize the adults in charge to contact the nearest emergency services when a medical emergency arises.

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Health Insurance Provider** \_\_\_\_\_ **I.D. #** \_\_\_\_\_