

20011-2012
Northern Hills Fellowship
Religious Education Program

Family Registration

Parent/Guardian's Name_____	Parent/Guardian's Name_____
Address_____	Address_____
City, State, and Zip_____	City, State, and Zip_____
Home Phone_____	Home Phone_____
Home Email_____	Home Email_____
Work Phone_____	Work Phone_____
Cell Phone_____	Cell Phone_____

Family Agreement

NHF is committed to creating a healthy and growing RE program. As parents, your participation as teachers, helpers, and resource people is vital to our success. Please check the areas where you will be willing to assist this year. Use each parent's name to indicate who is volunteering.

<input type="checkbox"/> Nursery Assistant_____	<input type="checkbox"/> Event Photographer_____
<input type="checkbox"/> Teacher_____	<input type="checkbox"/> Family Events Volunteer_____
<input type="checkbox"/> Assistant Teacher_____	<input type="checkbox"/> Children's RE Committee_____
<input type="checkbox"/> Substitute Teacher_____	<input type="checkbox"/> Children's Worship Associate_____
<input type="checkbox"/> Respite Volunteer_____	<input type="checkbox"/> Story Teller_____
<input type="checkbox"/> RE Family Greeter_____	<input type="checkbox"/> Other_____

Registering your children in our religious education program indicates your willingness to promote their attendance on Sunday mornings and constitutes a family commitment to the religious education process. It further indicates that you have read and discussed the Parent Child Covenant with your children.

Date_____ Signature_____

Date_____ Signature_____

OVER

Children's Registration

(All children from nursery through high school must be registered)

Children's Registration

Name _____ Age _____

Birth date ____ - ____ - ____ School Grade (2011-2012) _____

Remarks (Special needs, food allergies, current family status, etc.): _____

Special Interests/Talents/Abilities/Hobbies: _____

Name _____ Age _____

Birth date ____ - ____ - ____ School Grade (2011-2012) _____

Remarks (Special needs, food allergies, current family status, etc.): _____

Special Interests/Talents/Abilities/Hobbies: _____

Name _____ Age _____

Birth date ____ - ____ - ____ School Grade (2011-2012) _____

Remarks (Special needs, food allergies, current family status, etc.): _____

Special Interests/Talents/Abilities/Hobbies: _____

Name _____ Age _____

Birth date ____ - ____ - ____ School Grade (2011-2012) _____

Remarks (Special needs, food allergies, current family status, etc.): _____

Special Interests/Talents/Abilities/Hobbies: _____

**Please return to Marti Spiess, Religious Education Chairperson, or mailbox #2
in the church office**