

OWL Sexuality Education Grades K-1

Registration Form – Winter 2024

OWL K-1 KEY DATES:

- **Family Information Meeting A:** January 6, 10-11:00 am via ZOOM
- **Family Information Meeting B:** January 11, 6:30-7:30 pm via ZOOM
- **OWL Program Kick-off:** January 14, 2:00-3:45 pm
 - Child Orientation: 2:00-2:30 pm (***Parent/Caregiver excepted to stay for first 30 minutes***)
 - Welcome to Our Whole Lives: 2:45-3:45 pm
- **Regular Sessions:** Sundays, January 21 – March 3, 2:00-3:15 pm
- **Closing Celebration:** March 3, 2:00-3:15 pm (***Parent/Caregiver expected to stay for whole session***)

REGISTRATION INFORMATION & DEADLINE:

This course will be capped at 8 participants. To register, submit fee and completed registration form no later than January 12. Paperwork can be submitted electronically via email to lindsey@grinnellucc.org or dropped off at the Church Office during office hours, Tu-Th, 9-3 pm.

Please fill out a separate form for each participant. Completed form and payment due at the time of registration. Checks can be made payable to Grinnell UCC, memo OWL. To submit electronic payment, visit <https://www.meetgrinnellucc.org>.

PROGRAM FEE SELECTION:

Choose the appropriate fee level for your household:

- Fee Level 1: \$250
- Fee Level 2: \$200
- Fee Level 3: \$100

FINANCIAL ASSISTANCE:

If you require additional financial assistance, please contact Lindsey Altenhofen UCC Director of Outreach and Education, at lindsey@grinnellucc.org or 641-236-3111, ext. 713.

PART 1: PARTICIPANT INFORMATION

Participant's Full Name: _____		
Birthdate: _____	Grade (as of September 2023): _____	
Address: _____		
City: _____	State: _____	Zip: _____

PART 2: PARENT/GUARDIAN INFORMATION & PARTICIPATION AGREEMENT

Parent/Guardian 1: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone: _____	Evening Phone: _____	
Cell Phone: _____	Email: _____	
<input type="radio"/> Participant resides full-time with this parent/guardian		
<input type="radio"/> Participant resides part-time with this parent/guardian		

PART 2 CONTINUED:

Parent/Guardian 2: _____		
Address: _____		
City: _____	State: _____	Zip: _____
Daytime Phone: _____		Evening Phone: _____
Cell Phone: _____		Email: _____
<input type="radio"/> Participant resides full-time with this parent/guardian		
<input type="radio"/> Participant resides part-time with this parent/guardian		

I/We give permission for _____ to participate in **Our Whole Lives: Sexuality Education for Grades K-1, offered by Grinnell UCC.**

I/We have been offered the opportunity to attend an information session, to view program materials, and I/we understand that the entire curriculum is available for me/us to view at Grinnell UCC (902 Broad Street).

I/We will strive for my child to have 100% attendance. In the case of illness or unavoidable absence, I will notify lindsey@grinnellucc.org as soon as possible. I understand that I may need to arrange a catch-up session with OWL facilitator(s) for any session(s) my child misses.

I/We understand that facilitators must maintain confidentiality and trust among the participants. Specific details about what my child says during sessions will not be disclosed to me/us. A summary of curricular content will be sent to me weekly, from the OWL facilitator(s) and/or administrator(s). This information will be sent to the email address(es) on this form.

PART 3: SEXUALITY AND OUR FAITH CURRICULAR ADDENDUM

The core Our Whole Lives curriculum contains no religious creeds or faith confessions. A curricular addendum, Sexuality and Our Faith, explores curricular material in the context of the Christian faith as practiced by the United Church of Christ. The UCC has a history of valuing education. Sexuality education in the context of the church offers an opportunity to share the conviction that sexuality is a gift of God and that it should be discussed with honesty and openness as a part of Christian education and worship.

I/We would like to ***opt out*** of the Sexuality and our Faith Curricular Addendum. We will pick up our child(ren) 15 minutes prior to the end of each workshop session.

PART 4: HEALTH AND INSURANCE

Comprehensive health information is requested from participants to help ensure their safety, well-being, and access to emergency care if needed. Onsite facilitators will contact you as soon as possible in case of an emergency.

Participant's Full Name: _____	
Birthdate: _____	Sex Assigned at Birth: M / F
Primary Care Doctor: _____	
Office Location: _____	Office Phone: _____
Name of Parent/Guardian filling out this form: _____	
Relationship to Participant: _____	Preferred Phone #: _____

Emergency Contact Information

Please list at least 2, other than parent/guardian(s).

Name	Relationship to Participant	Phone Number(s) (daytime, evening, cell, other)
1.		
2.		

Are there any legal custodial circumstances of which we should be aware? **No / Yes**

If yes, please explain:

MEDICAL INFORMATION

Please provide as much detail as is necessary to ensure proper care and accommodations for your child. Use reverse if additional space is needed.

My child is up to date on vaccinations and has been fully vaccinated for COVID-19:

Yes ____ No ____

List any chronic or recurring illnesses or other health conditions, pertinent treatment/management information, and prescription or over-the-counter medications.

List known allergies to medication, food, insect stings, or environmental allergens. Describe reaction and management of the reaction.

Specify any special dietary regimen to be followed:

List necessary adaptations or limitations:

Is there anything else we should know?

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? **Yes / No**

If yes, please fill in the rest of this section. If no, proceed to next section.

Carrier or Plan Name: _____ Group #: _____

Carrier address: _____

Name of Plan Holder: _____ Insurance ID #: _____

Relationship to Participant: _____ Preferred Phone #: _____

HEALTH CARE PERMISSION STATEMENT

- This health record, including the allergy and medicine information on this form, is complete and accurate.
- I give my permission for OWL facilitators, administrators, and/or retreat chaperones to provide first-aid and to obtain healthcare treatment for the participant should the need arise.
- I understand that emergency contacts listed on this form will be contacted as soon as possible in the case of an emergency.

HEALTH INFORMATION PRIVACY STATEMENT

This health form is for health care concerns during OWL sessions and retreats only. All records will be handled by UCC staff whose job includes processing or using this information for the benefit of the participant. All medical records will be held in confidential, limited access by UCC staff. Minimal necessary information will be shared with facilitators and chaperones to provide adequate participant safety and health care. The health form will be retained by UCC until the conclusion of the program and then it will be destroyed.

- I have read the above procedures for handling the health form and agree to the release of any records necessary for treatment, referral, billing, or insurance purposes, should my child require such care during OWL sessions.

Signature of Parent/Guardian filling out the health form

Date _____