UUFA Religious Education Registration Form

In order for your child or youth to participate in the UUFA RE Program, the following information must be kept on file in the Religious Education office. ***PLEASE READ AND SIGN RELEASES ON THE BACK OF THIS FORM***

Complete one form per child attending the RE Program (nursery-high school)

Child's Name _____ M/F Birthday (MM/DD/YY) ____/____/____

YEAR																			
AGE																			
GRD																			
TIME																			
INIT																			

*** By updating and initialing this form, I reaffirm my original commitment to the UUFA RE Program as indicated by my signature below.

Parent/Guardian Information
Name_____
Address_____
City_____Zip_____
Phone (H)_____(W)_____
E-mail_____

Parent/Guardian Information
Name_____
Address_____
City_____Zip_____
Phone (H)_____(W)_____
E-mail_____

Child's Mailing address (if different)
Address_____
City_____Zip_____
Phone_____

Special Concerns: Are there any special concerns that your child's RE teacher or youth advisor should know about this child?
(Dietary restrictions, allergies, medication, recent divorce, recent move, death, new school, learning difficulties, behavior issues, etc.)

Special Interests: Please describe any particular talents or interests your child has which might be highlighted in our RE program.
(Musical ability, artistic talent, acting interest, community involvements, hobbies, etc.)

Through this registration I recognize my commitment to ensure the success of the UUFA RE Program and my intent to contribute volunteer time and efforts as needed to the best of my ability. I understand that the RE Program is entirely dependent on the financial contributions of Fellowship members. In lieu of a registration fee, I will be encouraged to support our program financially through yearly pledges, as I am able.

Parent/Guardian Signature _____ Date _____

Complete back side