

2020-2021 Religious Education Registration Form

Date: _____

Please check one: New Family ____ Returning Family ____

Parent/Guardian Name: _____

Address: _____

Phone: _____

Email: _____

Regular attendance makes a difference in your child(ren)'s religious education experience. It helps establish relationships and provides continuity. We hope to see your family every Sunday.



Child(ren)'s Name(s): (First and Last)	Birth Date:	School Grade:	Allergies/Medical Conditions:

Photo Release Form

I grant the Unitarian Universalist Fellowship of Central Michigan (UUFCM) the unrestricted right to use, edit, modify and publish photographs of my child(ren) (named below) and of myself (named below), to be used solely for the purposes of UUFCM promotional material and publications, including the newsletter and web site. It is understood that my child(ren) will not be identified by name or any other means in any such publication. I hereby waive any rights of compensation or ownership and release UUFCM from claims and liability relating to said photographs.

Date: _____

Child(ren)'s Name(s): _____

Parent or Guardian Name(s): _____

Parent/Guardian Signature: _____

(To electronically sign your name, please type it on the given line.)

Insurance and Emergency Contact Information

Throughout the course of the RE program year, UUFCM offers activities outside of Sunday service for our youth and would like a record of your child(ren)'s insurance and emergency contact information to have on file for these events. Individual permission forms will still be signed for each outside activity, but this record will alleviate your having to repeatedly fill out the same information on every form. Please notify the Director of Religious Education if any of the following information changes during the year.

Parent/Guardian Name _____

Phone Number _____ Alternate Phone _____

Parent/Guardian Name _____

Phone Number _____ Alternate Phone _____

Child(ren)'s Name(s) _____

Child(ren)'s Medications _____

Health Insurance Provider _____

Health Insurance Numbers _____

Emergency Contact (other than parent) _____

Relationship to Child _____

Phone Number _____ Alternate Phone _____

Emergency Contact (other than parent) _____

Relationship to Child _____

Phone Number _____ Alternate Phone _____