

PARENT/GUARDIAN INFORMATION

Last Name, First Name / Relationship

Last Name, First Name / Relationship

Address

Address

City, ZIP

City, ZIP

Email address

Email address

Primary phone number
Home, cell, work (Select one)

Primary phone number
Home, cell, work (Select one)

Secondary phone number
Home, cell, work (Select one)

Secondary phone number
Home, cell, work (Select one)

Please contact me via phone or e-mail (select best option)

WHO DO(ES) THE CHILD(REN) LIVE WITH? _____

Parent(s) are: ____ Member(s) ____ Contributing Friends(s) ____ Non-Member(s)

*I am aware of the RE Non-Member Fee ____

Our Religious Education programming for children and youth is possible because of support from congregants such as you, who volunteer as well as contribute financially to the congregation. Please indicate ways in which you or other family members would be willing to support Religious Education (use initials to identify appropriate family member).

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youth, this year we are using a co-op model for teachers and other RE support positions. Please review the attached list of volunteer options. Every job description is accompanied by a point value, and each family must commit to three points for the upcoming church year. We appreciate the commitment you have to our youth – the future of Unitarian Universalism!

I am interested in receiving emails regarding local events, religious holidays and other ideas that compliment our religious education program.

Yes No

I agree to have my child photographed and/or videotaped for UUCF/UUA purposes only to promote UUCF in UUCF/UUA publications:

Yes No

I would like my child's name listed in the church directory (that is given to all members):

Yes No

My child has permission to participate in UUCF RE activities on and around church grounds. In a medical emergency, UUCF staff and members have permission to obtain medical care for my child.

Signature of parent/guardian _____

Date _____