

UUCM Religious Education Registration Form

Name(s) of child(ren)

Birth date

Grade

Parent(s)/Guardian(s) with whom child resides:

Name(s) _____

Address _____

Email _____

Phone _____

Allergies or other issues teachers ought to know about?

Ways in which you, as a parent, might like to help out (e.g. teach, assist, get supplies, holiday special projects, chaperone, storytelling, nursery care, etc.)

Parent Signature _____ Date _____

Check here only if you DON'T want your child's picture on the UUCM website.

UUCM Parent/Guardian Consent Form

I, _____, am the parent or legal
(name of parent or guardian)

guardian of _____, and I am informed of the activities
(name of minor)

offered by the Unitarian Universalist Congregation of Marin located at:

240 Channing Way in the City of San Rafael, County of Marin, and State of California,

beginning on the day of ____/____/_____.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by this congregation.

(Signature of parent or guardian)

(DATE)

Additional information:

My child is to be **excluded** from the following activities: _____

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