

UUCM Religious Education Registration Form

Name of child(ren)
Grade

Birthdate

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

Address:

Email(s):

Phones:

Allergies or other issues teachers ought to know about?

How I can help: (e.g. teach, assist, get supplies, holiday special projects, chaperone, storytelling, nursery care, etc.)

MUST COMPLETE OTHER SIDE

UUCM Parent/Guardian Consent Form

I, _____ am the parent or legal guardian of _____ and I am informed of the activities offered by the Unitarian Universalist Congregation of Marin beginning on the day of ____/____/____ and located at: 240 Channing Way in the City of San Rafael, County of Marin, and State of California.

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/guardian:

Date: _____

Additional information:

My child is to be excluded from the following activities:



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

Updated 9/10