



2024-2025 Religious Education & Nursery Registration Form

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name _____

Full Mailing Address _____

Email Address _____

Phone Number _____

Are You a Member/Members of UCN _____

Relationship to Child _____

Parent/Guardian Name _____

Full Mailing Address _____

Email Address _____

Phone Number _____

Relationship to Child _____

Are You a Member/Members of UCN? _____



CHILD INFORMATION:

Name _____

Date of Birth _____ Grade _____

Allergies or Medical Conditions: _____

Dietary Restrictions: None ___; Vegetarian ___; Vegan ___; Kosher ___

Gluten-Free ___; Lactose Intolerant ___; Other _____

Please share any specific needs, restrictions, or other information:

Name _____

Date of Birth _____ Grade _____

Allergies or Medical Conditions: _____

Dietary Restrictions: None ___; Vegetarian ___; Vegan ___; Kosher ___

Gluten-Free ___; Lactose Intolerant ___; Other _____

Please share any specific needs, restrictions, or other information:



CHILD INFORMATION:

Name _____

Date of Birth _____ Grade _____

Allergies or Medical Conditions: _____

Dietary Restrictions: None ___; Vegetarian ___; Vegan ___; Kosher ___

Gluten-Free ___; Lactose Intolerant ___; Other _____

Please share any specific needs, restrictions, or other information:

Name _____

Date of Birth _____ Grade _____

Allergies or Medical Conditions: _____

Dietary Restrictions: None ___; Vegetarian ___; Vegan ___; Kosher ___

Gluten-Free ___; Lactose Intolerant ___; Other _____

Please share any specific needs, restrictions, or other information:



EMERGENCY CONTACT INFORMATION

Contact one:

Name _____ Phone _____

Relationship to Child _____

Contact two:

Name _____ Phone _____

Relationship to Child _____

FIELD TRIPS

Do you give your child permission to participate in short field trips during or in place of regularly scheduled religious education classes (walks, visits to other places of worship, etc.). Circle: **YES**
NO

PHOTOS AND VIDEO

Do you give permission to RE program staff or volunteers of Unitarian Church North to photograph or videotape my child during the normal course of religious education programs for use in promotional materials. No names will be printed. Circle: **YES** **NO**

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____