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? _____

Unitarian Church North

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**
_____

Please return to UCN office, or send a copy with Jessy Knox, Religious Education Family Programming Coordinator refpc@ucnorth.org.