Unitarian Church North

2025- 2026 Religious "Exploration" Student Registration

Parent Information:

Parent/Guardian Name _____

Mailing Address _____

Email Address _____

Relationship to Child _____

Parent/Guardian Name _____

Mailing Address _____

Email Address _____

Relationship to Child _____

Are you a member of UCN? _____

Child Information:

Name _____

Date of Birth _____ Grade _____

Allergies or Medical Conditions _____

Dietary Restrictions: None Vegetarian Vegan Kosher Nut Allergy
Gluten Free Lactose Intolerant Other _____

Please share any specific restrictions or other information

_____

_____

Child Information:

Name ____

Date of Birth ___________________ Grade _____________

Allergies or Medical Conditions ____

Dietary Restrictions: None Vegetarian Vegan Kosher Nut Allergy

Gluten Free Lactose Intolerant Other ___________

Please share any specific restrictions or other information

____

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Name ____

Date of Birth ___________________ Grade _____________

Allergies or Medical Conditions ____

Dietary Restrictions: None Vegetarian Vegan Kosher Nut Allergy

Gluten Free Lactose Intolerant Other ___________

Please share any specific restrictions or other information

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Name ____

Date of Birth ___________________ Grade _____________

Allergies or Medical Conditions ____

Dietary Restrictions: None Vegetarian Vegan Kosher Nut Allergy

Gluten Free Lactose Intolerant Other ___________

Please share any specific restrictions or other information

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Emergency Contact Information

Contact One:

Name _____

Phone _____

Relationship _____

Contact Two:

Name _____

Phone _____

Relationship _____

Photos and Videos

Do you give permission to UCN RE program staff or volunteers to photograph or videotape your child during the course of RE programming and/or special events to use in (circle any that apply): UCN RE Newsletter Website Promotional Materials

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____