



UNITARIAN UNIVERSALISTS
OF CLEARWATER

Religious Enrichment Program Registration
Youth Group 7th-12th Grade (meets 12-2pm after worship)

Youth Name: _____ Nickname: _____

Address: _____
street city state zip code

E-mail: _____ Phone: _____

Birth Date: ____/____/____ Grade ____ Do you have a Facebook account? Yes or No (please circle one)

Signature of youth Date

Parent(s)/Guardian(s) _____

Address _____
street city state zip code

E-mail _____ Phone _____

Parent(s)/Guardian(s) _____

Address _____
street city state zip code

E-mail _____ Phone _____

Please let us know about your youth and any medications, special needs, allergies, and/or dietary restrictions or choices. _____

Throughout the church year, there will be opportunities for photos to be taken of children and youth. Should the photos be displayed on the church website they will not be identified by name to ensure the safety and privacy of our children and families. **Please make a selection below:**

- YES I grant the staff & volunteers of the Unitarian Universalists of Clearwater permission to photograph my child(ren).
- NO I do not grant the staff & volunteers of the Unitarian Universalists of Clearwater permission to photograph my child(ren).

Signature of parent/guardian Date

We do not charge a fee for the Religious Enrichment program. If you would like to make a voluntary donation, checks can be payable to: Unitarian Universalists of Clearwater. In the memo section please write "Youth Group Contribution".