



UNITARIAN UNIVERSALISTS OF CLEARWATER

Religious Enrichment Program Registration 2017-2018

Parent(s)/Guardian _____

Address _____
street city state zip code

E-mail _____ Phone _____
Cell Phone _____

Parent(s)/Guardian _____

Address _____
street city state zip code

E-mail _____ Phone _____
Cell Phone _____

Child/Youth Full Name	Grade	Birth Date	Special Needs/Allergies	Child/Youth Email
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____
_____	_____	___/___/___	_____	_____

Please let us know about your child(ren)'s interests, temperament, and effective ways to redirect their behavior, and any special educational needs or learning style.

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 "RE Program Contribution".