

2008-2009 RELIGIOUS EXPLORATION REGISTRATION FORM

The information provided on this form will be permission for participation in the Religious Exploration (RE) Program. It also provides us with vital information for getting in contact with you. Finally, it helps us place your child in the age appropriate group and plan an RE Program that best fits your family and the church as a whole.

Names of Child(ren) equivalent)	Date of Birth	Grade (or

Parent's Name(s): _____

Mailing Address: _____

Home Phone: _____

E-Mail Address: _____

Does your child have any food allergies? _____

Does your child have any special needs with regard to physical ability, medical concerns, developmental delays, or other issues the guides should know about? _____

May the Director of Religious Exploration share this information with the adults who will be working with your child? _____

My child(ren) may attend planned activities of the Religious Exploration Program at the Unitarian Universalist Church of Belfast. I understand that I will be informed of any activities outside of the regular RE meeting place prior to the activity. My emergency contact person may arrange emergency medical care if I am not available.

 Signature

 Date

 Printed Name
 Emergency Contact Number(s)

 Emergency Contact Name
