

STUDENT REGISTRATION

First name _____ Last name _____

Sex _____ Birth date _____ / _____ / _____

Grade (Sept. 09) _____ Youth E-mail _____

Special needs, conditions, or other areas of concern that we should be aware of: _____

First name _____ Last name _____

Sex _____ Birth date _____ / _____ / _____

Grade (Sept. 09) _____ Youth E-mail _____

Special needs, conditions, or other areas of concern that we should be aware of: _____

First name _____ Last name _____

Sex _____ Birth date _____ / _____ / _____

Grade (Sept. 09) _____ Youth E-mail _____

Special needs, conditions, or other areas of concern that we should be aware of: _____

Please indicate your child/children's attendance:

___ Weekly

___ Every other Sunday

___ Monthly

___ Other/Explanation _____

Parent/Guardian Registration

Parent/Guardian #1 (primary contact)

father mother guardian other

First name _____ Last name _____

Address _____ Zip _____

Home Phone _____ Cell _____

E-mail _____

Please check one:

I am interested in teaching/assisting

I am interested in serving on the CYRE Committee

Parent/Guardian #2

father mother guardian other

First name _____ Last name _____

Address _____ Zip _____

Home Phone _____ Cell _____

E-mail _____

Please check one:

I am interested in teaching/assisting

I am interested in serving on the CYRE Committee

Parent Consent:

UUCEP religious education personnel have my permission to treat and/or transport my child to the appropriate medical facility in the event of an emergency.

I give my permission

I don't give my permission

My child/children has/have my permission to participate in any social justice event or trip planned by CYRE, provided he/she is under responsible adult supervision and I am notified in advance if they are to leave church grounds.

I give my permission

I don't give my permission