



UUFP Religious Education Registration Form

Name of child _____ age _____ birthday _____

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Parent/guardian _____ cell number _____

Email address _____

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Email address _____

Do you prefer texts or emails? _____

Can we post pictures of your child/children on our UUFP website and Facebook sites? y/n _____ signature _____ date _____

Does your child/children have any allergies, health concerns, emotional or physical concerns you would like us to know about?

Are you interested in learning about ways you can volunteer in the Religious Education program? _____

Do you have any hobbies or special skills you would like to share with the children? _____

Is there anything else you would like us to know about your family?
