

## Religious Education Registration 2011 - 2012

All families with children in the K-5 Religious Education program are encouraged to complete this registration form as soon as possible. Please return to our RE Director, Jennifer Pratt, UUCSS, 624 N. Broadway, Saratoga Springs, NY 12866.

(PLEASE PRINT)

Child's Name (First and Last)	Birth Date	Age	Gender	Grade

(Please use reverse side, if necessary, to list additional children)

Does your child(ren) have any special needs, medical conditions, allergies, and/or custodial issues (e.g. may not be released to a non-custodial parent)? If so, please list:

---



---



---

Parent/Guardian Information	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Other Phone - (please circle) CELL WORK	Other Phone - (please circle) CELL WORK
Email:	Email:

We sometimes take photographs of children in our RE program. With regard to this, please check the appropriate statement(s) and sign below.

- Photos of my child/children may be displayed in the church.  
 Photos of my child/children may be posted on the church website (no names used).  
 Please do not display or post any photos of my child/children.

\_\_\_\_\_

(Parent signature)

\_\_\_\_\_

(Date)