



First Unitarian Church

P. O. Box 494, Alton, Illinois 62002 • 618.462.2462

Religious Education Program Student and Parent Registration Form

STUDENT #1 REGISTRATION

#1 Name (Last)	First	Registration Date		
Age	Gender	Date of Birth	Grade	Youth's E-mail
Special needs, conditions, or other areas of concern that we should be aware of:				

STUDENT #2 REGISTRATION

#2 Name (Last)	First	Registration Date		
Age	Gender	Date of Birth	Grade	Youth's E-mail
Special needs, conditions, or other areas of concern that we should be aware of:				

STUDENT #3 REGISTRATION

#3 Name (Last)	First	Registration Date		
Age	Gender	Date of Birth	Grade	Youth's 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 _____

See Reverse Side

#1 PARENT/GUARDIAN REGISTRATION

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other; please specify:			
Name (Last)	First	Registration Date	
Address	City	State	Zip Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address

#2 PARENT/GUARDIAN REGISTRATION

<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other; please specify:			
Name (Last)	First	Registration Date	
Address	City	State	Zip Code
Telephone	Alternate Telephone	Best Contact Time	E-Mail Address

Volunteer Information. Please check one:

Parent/Guardian #1	Parent/Guardian #2
<input type="checkbox"/> I am interested in teaching in the RE Program	<input type="checkbox"/> I am interested in teaching in the RE Program
<input type="checkbox"/> I am interested in serving on the RE Committee	<input type="checkbox"/> I am interested in serving on the RE Committee
<input type="checkbox"/> Other participation:	<input type="checkbox"/> Other participation:

Parent Consent:

First Unitarian Church, Alton, religious education personnel have my permission to treat and/or transport my child to the appropriate medical facility in the event of a medical 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 First Unitarian, Alton, 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

Print Name
Signature Date