

# UUCM Religious Exploration Registration Form

Welcome to the Religious Exploration program (RE) here at the Unitarian Universalist Congregation of Marin. Our infant through high school programs are geared to enrich the family's and the individual student's quality of life through exploration of the self, natural and human interactions, spiritual and religious traditions, and Unitarian Universalism. There are many opportunities to learn, serve, be involved, and belong.

~ *Welcome ~ Bienvenidos ~*

Please fill out this Children and Youth Religious Exploration Registration Form. This information ensures we have important information for your child/youth and your family.

## CHILD/YOUTH INFORMATION

Child/Youth Name(s):	Nickname	Birthdate:	Grade:
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____
_____	_____	___/___/___	_____

Skills and interests of your child(ren):

Dietary needs (vegan, vegetarian, lactose-gluten-nut free):

Allergies or additional concerns RE educators should know about:

Additional information (learning style, current challenges, favorite snack food):

# UUCM Parent/Guardian Consent Form

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_ and I am informed of the activities offered by the Unitarian Universalist Congregation of Marin, beginning on the day of \_\_\_\_/\_\_\_\_/\_\_\_\_, located at 240 Channing Way in the City of San Rafael, County of Marin, and State of California.

As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in Religious Education activities provided by this congregation.

**Photo & Media Permission:** Please INITIAL here if you DON'T want your child's picture or video on the UUCM website. (We do not publish names.) \_\_\_\_\_

Signature of parent/guardian:

\_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name of Parent(s)/Guardian(s):

Phone Number(s):

Email Address(s):

USPS Address(es):