

**RELIGIOUS EDUCATION REGISTRATION FORM**  
**UNITARIAN UNIVERSALIST CHURCH OF BIRMINGHAM**

Please share with us information about your family:

**Parent or Guardian #1**

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|                |                  |                |     |
|----------------|------------------|----------------|-----|
| First Name     | Last Name        |                |     |
| Street Address | Apt. #           | City           | Zip |
| Home phone     | Cell/other phone | E-mail address |     |

**Parent or Guardian #2**

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|                |                  |                |     |
|----------------|------------------|----------------|-----|
| First Name     | Last Name        |                |     |
| Street Address | Apt. #           | City           | Zip |
| Home phone     | Cell/other phone | E-mail address |     |

- Unless you specifically opt out, we will include your contact information in the church directory. If you want to opt out indicate here:
- May your child(ren) participate in class nature walks on the church grounds? Y / N
- Where can you usually be found while your child(ren) are in their RE classes?

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**Permission to Use Photographs**

I grant the Unitarian Universalist Church of Birmingham (UUCB), its employees and volunteers, the right to take photographs of my child(ren) in connection with church events. I authorize UUCB to copyright, use and publish these photos in printed materials and in web content with the understanding that children's names will not be published in photo captions.

Parent/Guardian's signature (if under 18): \_\_\_\_\_  Do not publish photos

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**Authorization for Medical Attention**

Children's Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

If I cannot be contacted in case of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby authorize the Religious Education volunteer staff or Director of Religious Education (DRE) representing the Unitarian Universalist Church of Birmingham to give consent for any and all necessary medical attention and first aid for my child(ren) listed above, while in the care of the Unitarian Universalist Church of Birmingham.

My signature also gives permission for my children to participate in the Religious Education Program.

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Authorized signature(s) \_\_\_\_\_ Today's Date \_\_\_\_\_

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*Please list all children (infants through high school) who will be in attendance this year. Use additional pages as needed.*

**NAME (First and Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Name of School** \_\_\_\_\_

**ALLERGIES?** No \_\_\_ Yes \_\_\_\_\_

**Special needs, interests, talents, family or social circumstances, custody arrangements, etc. that would help us understand your child better.** \_\_\_\_\_ Please have the Director of Religious Education call me about this.

**NAME (First and Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Name of School** \_\_\_\_\_

**ALLERGIES?** No \_\_\_ Yes \_\_\_\_\_

**Special needs, interests, talents, family or social circumstances, custody arrangements, etc. that would help us understand your child better.** \_\_\_\_\_ Please have the Director of Religious Education call me about this.

**NAME (First and Last)** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Current Grade** \_\_\_\_\_ **Name of School** \_\_\_\_\_

**ALLERGIES?** No \_\_\_ Yes \_\_\_\_\_

**Special needs, interests, talents, family or social circumstances, custody arrangements, etc. that would help us understand your child better.** \_\_\_\_\_ Please have the Director of Religious Education call me about this.