



# UNITARIAN SOCIETY of Northampton and Florence

## 2018-2019 Religious Education Registration Form

Today's Date \_\_\_\_\_

Child's Name	Date of Birth	Grade	Allergies?

<p><b>Parent/Guardian Name:</b></p> <p>_____</p> <p><input type="checkbox"/> Send information to this person?</p> <p><b>Address:</b></p> <p>_____</p> <p>_____</p> <p><b>Phone Numbers:</b></p> <p>Home _____</p> <p>Cell _____</p> <p><b>Email</b> _____</p> <p><i>We ask parents/ guardians to volunteer 1-10 times per year as part of a teaching team if they are comfortable.</i></p> <p>Are you able to volunteer? Yes No Unsure right now</p>	<p><b>Parent/Guardian Name:</b></p> <p>_____</p> <p><input type="checkbox"/> Send information to this person?</p> <p><b>Address:</b></p> <p>_____</p> <p>_____</p> <p><b>Phone Numbers:</b></p> <p>Home _____</p> <p>Cell _____</p> <p><b>Email</b> _____</p> <p><i>We ask parents/ guardians to volunteer 1-10 times per year as part of a teaching team if they are comfortable.</i></p> <p>Are you able to volunteer? Yes No Unsure right now</p>
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Is there anything that the DRE should know in order to support your child's success in RE classes and in our community? Please feel free to attach any additional documents or information.

\_\_\_\_\_

\_\_\_\_\_

I authorize USNF to take photographs of my child(ren) and publish them on the USNF website, USNF Facebook page and in brochures. YES NO

I give permission for RE staff and volunteers to take my child outside (i.e., USNF grounds and Pulaski Park). YES NO

Signature for permission: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for filling out this registration and welcome to the USNF RE Program!  
Please contact [dre@uunorthampton.org](mailto:dre@uunorthampton.org) with any questions.*