

**UU Fellowship of Winston Salem  
2018-2019 Religious Education Program / Child Care  
Registration Form**

Parenting Adult(s): \_\_\_\_\_

Address: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Email Address 1: \_\_\_\_\_

Email Address 2: \_\_\_\_\_

Child 1: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/HealthConcerns/DietaryRestrictions: \_\_\_\_\_

Child 2: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/HealthConcerns/DietaryRestrictions: \_\_\_\_\_

Child 3: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Health Concerns/Dietary Restrictions: \_\_\_\_\_

Child 4: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/Health Concerns/Dietary Restrictions: \_\_\_\_\_

Child 5: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergies/HealthConcerns/DietaryRestrictions: \_\_\_\_\_

All children through the 5<sup>th</sup> Grade must be signed out from their Religious Education classrooms or Child Care session. Please list anyone who is Prohibited from signing out these children.

In the event of an emergency, Religious Education Program/Child Care volunteers will apply first aid and/or seek medical attention for the child. Parents are asked to keep their phones available (on vibrate during the Worship Service) in case we need to contact you.

\_\_\_\_\_ (signature) \_\_\_\_\_ (date)