

Religious Education Registration
Unitarian Universalist Fellowship of Redwood City

Infants, Children, and Youth

First name:	Last name:	Sex:	Birthdate:	Grade:	School Name:
_____	_____	_____	__ / __ / __	_____	_____
_____	_____	_____	__ / __ / __	_____	_____
_____	_____	_____	__ / __ / __	_____	_____
_____	_____	_____	__ / __ / __	_____	_____

In the space below, please tell us about any allergies or other health issues, mobility impairment, etc. so that we may provide a safe and comfortable space for your children. Parents are responsible for monitoring special dietary needs during coffee hour.

Parents or Guardians

First Name: _____ Last Name: _____ Home Phone: _____ Cell Phone: _____ Street: _____ Street: _____ City: _____ ZIP: _____ Email: _____	First Name: _____ Last Name: _____ Home Phone: _____ Cell Phone: _____ City: _____ ZIP: _____ Email: _____
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Email addresses will be used for important program announcements only. Email saves the earth as well as church resources.

If you have any questions or comments about the program, please list them here. The Director of RE will follow up with you:

Parents are expected to remain at the Fellowship while children are in our care, in case of medical emergency or other situations requiring parental attention. Youth, age 13 and older, can attend UUFRC services and Sunday school without a parent. In this case an emergency form must be on file. It is suggested that children who will be attending UUFRC services/events without parents (even under the care of another adult) should have a medical release form on file.

Religious Education Emergency Release
Unitarian Universalist Fellowship of Redwood City

PARENT/GUARDIAN CONSENT TO
MEDICAL, DENTAL, OR HOSPITAL CARE

I, _____, am the parent or legal guardian of

First name(s)	Last name(s)	Birthdate
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

(hereinafter "my child(ren)"). I consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child(ren). This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child(ren). I further agree to pay all charges for the dental, medical, or hospital care or treatment. As parent or legal guardian of my child(ren), I am responsible for the health care decisions of my child(ren) and am authorized to consent to the services to be rendered. I represent that my consent to and agreement to pay for the dental, medical, or hospital care or treatment to be rendered to my child(ren) is legally sufficient and that no consent from any other person is required by law.

Dated: _____

 (SIGNATURE OF PARENT OR GUARDIAN)

 (PRINT NAME OF PARENT OR GUARDIAN)

For legal purposes, please return this form to the DRE in paper form, signed in pen. It can be mailed to UUFRC, 2124 Brewster Avenue, Redwood City, CA 94062 or put in the DRE's mail box in the church annex.