

**FIRST UNITARIAN CHURCH OF ST. LOUIS
RELIGIOUS EDUCATION REGISTRATION 2009-2010**

First Name	Last Name	Class	Birthday	home phone	work phone	cell phone	email

Parent/Guardian:

Would you like to be on the RE Email Announcement List? Yes No

Special Needs Note: We include, to the best of our ability, all children in the Religious Education program. Knowing in advance the special needs of your child can help us plan appropriate supports for him/her. It may be that we are unable to accommodate every need, but please note request on the registration form and speak with the Religious Educator.

I will need to talk with you regarding the special needs of my child.

Activities my child enjoys	Activities my child likes to avoid

PARENT MEDICAL CONSENT INFORMATION: IN THE EVENT OF A MEDICAL EMERGENCY AND I AM NOT AVAILABLE, THE R.E. STAFF HAS PERMISSION TO TREAT AND/OR TRANSPORT MY CHILD FOR MEDICAL ATTENTION.

PREFERRED HOSPITAL: _____

DR.'S NAME & PHONE #: _____

ALLERGIES/MEDICAL INFORMATION:

DATE: _____ PARENT SIGNATURE: _____