

Child Information Sheet for Religious Exploration Class

Child 1

First Name: _____ Last Name: _____

Pronouns (She/He/They/Etc): _____

Date of Birth: _____ Grade Level: _____

Allergies/Food preferences:

Anything we should know to help your child feel more comfortable:

Child 2

First Name: _____ Last Name: _____

Pronouns (She/He/They/Etc): _____

Date of Birth: _____ Grade Level: _____

Allergies/Food preferences:

Anything we should know to help your child feel more comfortable:

Please record additional children on the back of this form.

Guardian

First Name(s): _____ Last Name(s): _____

Phone number(s): _____

Email Address(es):

- I/we give permission to have my/our child(ren) photographed
- I/we give permission for UUCUV to use my/our child(ren)'s images (not names) in promotional materials
- I/we will be in the Sanctuary during RE classes

Guardian's Signature: _____ Date: _____