



# Miami Valley Unitarian Universalist Fellowship

Youth Religious Education (YRE) Registration  
for school year \_\_\_\_\_

**Please print**

Child/Youth Name: \_\_\_\_\_ D.O.B \_\_\_\_\_ Age: \_\_\_\_\_ current grade: \_\_\_\_\_  
(last name, first name)

**Primary contact**

Parent/Guardian name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Mailing address: \_\_\_\_\_ city/zip: \_\_\_\_\_

Email address: \_\_\_\_\_ contact: \_\_\_\_\_

Primary phone #: \_\_\_\_\_ secondary phone #: \_\_\_\_\_

Child's siblings: \_\_\_\_\_

Please use this space (or another page) to share information you think will help us ensure a positive experience for your child/youth.

- |   |  |
|---|--|
| <input type="checkbox"/> Allergies                                    | <input type="checkbox"/> Uses Epi-Pen  |
| <input type="checkbox"/> Asthma (please attach an Asthma Action Plan) | <input type="checkbox"/> Regular medications                                       |
| <input type="checkbox"/> Hearing/vision/attention difficulties        | <input type="checkbox"/> Learning challenges                                       |
| <input type="checkbox"/> Special Dietary Needs                        | <input type="checkbox"/> Please have the DRE contact me regarding my child's needs |

Please provide details for any of the above or use this space to provide any **important information** regarding your child that may be helpful for us to know (physical or emotional conditions, family situations, etc.):

---

---

**Photo Permission (check one)**

I give permission for my children to be photographed and/or videotaped while participating in YRE Programming. These photos may be used within the church and/or published on the church website.

I do not give permission for my children to be photographed and/or videotaped while participating in YRE programming.

By signing below, you hereby register your child for participation in the Youth Religious Education Program at Miami Valley Unitarian Universalist Fellowship. Your signature constitutes permission for information regarding your child to be shared with his/her YRE teaching team.

Form completed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(print name)