

**First UU Church of Richmond
Lifespan Religious Education Program
Sunday Children & Youth Program Registration**



The First
Unitarian Universalist
Church of Richmond

Today's Date: _____

Service You Will Be Attending: 9:30am 11:15am

Child Info:

Name: _____ Date of Birth: _____

Age: _____ M or F Grade: _____

Allergies/Dietary Restrictions/Health Alerts: _____

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Age: _____ M or F Grade: _____

Allergies/ Dietary Restrictions/Health Alerts: _____

Name: _____ Date of Birth: _____

Age: _____ M or F Grade: _____

Allergies/ Dietary Restrictions/Health Alerts: _____

Parent Info:

Parent #1 _____ M or F Custodial Parent? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Contact You: _____

Email Address: _____

Church Member? Y N Pledging Friend? Y N Visitor? Y N

Parent #2 _____ M or F Custodial Parent? _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Best Phone Number To Contact You: _____

Email Address: _____

Church Member? Y N Pledging Friend? Y N Visitor? Y N

If a visitor, are you considering coming to our church again? Y N

Would you like someone to call you to talk more about what our church has to offer? Y N

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What concerns do you have regarding your children you wish to make us aware of?



If your child has an allergy, dietary restriction, or health alert, how can we best serve your child?

What would you like the teachers of your children to know in order that they might be better equipped to teach them?

In an effort to ensure the excellence of the RE program we encourage parental involvement through volunteering. Would you be willing to volunteer? (Needs: Teachers, Fun night committee, RE council, Lock-in Chaperones, drivers for off site events, closet/ classroom clean up, and more) If you are already volunteering, THANK YOU, and please note that here as well.