

UUC Child/Youth RE Enrollment Form

(Please fill out a form for each child and youth involved in our Program)

Child/Youth Name _____

Address _____ City _____ Zip _____

Telephone (h) _____ (c) _____ Email _____

Parents/Guardians Name _____

Parent/Guardian Address if Different from Child _____

Child's Birth Date _____ Check One: Child Care Preschool Grade (specify) _____

Sibling's Names and Ages _____

Are there any allergies (food, etc.), disabilities, medical conditions, or other special concerns that would be helpful for us to know? _____

Parents of Preschool, K-8 Classes, Youth Group

Please sign here if your child has permission to leave the building (for a walk in the immediate area or to Owen Park) with their teachers during their class time. If a field trip is planned requiring your child to travel in a car, a note explaining the trip will be provided for you to sign. In case of emergency, I authorize necessary medical treatment. I understand that every effort will be made to contact me if an emergency rises.

Signature: _____ Date: _____

Photo Permission – please check one

- I give permission to UUC to display my child's photo(s) in association with UUC events / functions / publications.
- I request that my child's photo not be displayed in association with UUC events/ functions / publications.

Signature: _____ Date: _____

YOUTH GROUP MEDICAL INFORMATION

Health Insurance Provider _____

Policy Number _____

**Enrollment Fee \$10/child
Max per family \$30**

- Paid Will Pay Later
 Request a scholarship