UUFoM Faith Formation Enrollment

Please fill out one form per family. Thank you! Date _____

Child's Full Name	Birthdate	Grade	Pronouns	Allergies/Medical Conditions
1.				
2.				
3.				
4.				

Family Information *(there is room on the back of this form for additional information)*

Parent/Guardian Name(s)	Address	Phone(s)
1.		
Email		
2.		
Email		

Emergency Contacts *(other than parent/guardian to whom your child(ren) may be released)*

Name	Phone Number

Would you like to receive our weekly eNews and stay up-to-date with UUFoM happenings? ☐Yes ☐No

Please share any information about your child(ren) or youth that will help us create the best possible experiences for them (special needs, developmental concerns, learning styles, etc.)

_____

_____

_____

_____

Please Turn Over

Additional Information

_____

_____

_____

_____

_____

Media Release

I authorize UUFoM to make use of my child(ren)'s likeness and voice (and that of any minors listed here) in photographs, videos, or audio recordings on its website, in its social media, in its online photo albums and video channels, and in print.

_____ _____

Signature of parent/guardian *Date*

Medical Release

I authorize the treatment of my child(ren) (and that of any minors listed here) by a qualified and licensed medical professional in the event of a medical emergency which may endanger my child's life or cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

_____ _____

Signature of parent/guardian *Date*

Would you like more information? Please check all that apply.

☐Unitarian Universalism

☐Ministry Teams

☐Covenant Groups

☐Three Jewels Sangha

☐CUUPS

☐Religious Education

☐Choir

☐Social Justice

☐Parents Circle

☐Speak to our Minister

☐Becoming a Member

☐Volunteering

If you have any questions, please email dre@uufom.org or call 989-631-1162.