



# 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.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Unitarian Universalism | <input type="checkbox"/> CUUPS               | <input type="checkbox"/> Parents Circle        |
| <input type="checkbox"/> Ministry Teams         | <input type="checkbox"/> Religious Education | <input type="checkbox"/> Speak to our Minister |
| <input type="checkbox"/> Covenant Groups        | <input type="checkbox"/> Choir               | <input type="checkbox"/> Becoming a Member     |
| <input type="checkbox"/> Three Jewels Sangha    | <input type="checkbox"/> Social Justice      | <input type="checkbox"/> Volunteering          |

If you have any questions, please email [dre@uufom.org](mailto:dre@uufom.org) or call 989-631-1162.