

RE Registration Form 2020/21

Date of registration: _____

Children

| First Name | Last Name | Date of Birth | School Grade |
|------------|-----------|---------------|--------------|
| | | | |
| | | | |
| | | | |

Parent/Guardian Information

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Phone#: _____ * E-Mail: _____

Please include email to be included in program updates throughout the year.

Emergency Contact Information:

First Name: _____ Last Name: _____

Address: _____ Postal Code: _____

Phone#: _____ Relationship: _____

Special Instructions:

Please list any Medical conditions, Allergies, Medications/Special Dietary Needs:

Authorization:

In case of emergency, I authorize the administration of emergency medical treatment for:

_____ (name of child)

_____ (name of child)

_____ (name of child)

Signature (Parent/Guardian)

_____ Date

Also If you are not currently Signed up to the UCE E-mail list would you like to be? If so add your e-mail,

The completion of this form gives consent for the above child to be enrolled in the religious education program at the Unitarian Church of Edmonton

Photo/Video Release Form

I hereby give permission for images of my child(ren), capture during regular and special Religious Education or church activities through video, photo, and digital camera, to be used solely for the purpose of church newsletter, order of services, website display and bulletin displays at the Unitarian Church of Edmonton. I understand that my child's name will not be use in captions to photographs and that group photographs will be preferred over individual photos. I waive any rights of compensation or ownership thereto:

Name of child/children:

Name of Parent/Guardian (please print):

Parent/Guardian's Signature:

Date:

The completion of this form gives consent for the above child to be enrolled in the religious education program at the Unitarian Church of Edmonton