

First Parish Unitarian Universalist – Canton, MA
Religious Education Registration Form

Today's Date: _____

Form Filled Out By: _____

Name of Child/Youth	Gender/ Pronouns	Date of Birth	Age and Grade as of Sept 1 st current school year
			Age Grade
			Age Grade
			Age Grade
			Age Grade

Family Information

Parent/Guardian #1 _____ Gender/Pronouns _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Parent/Guardian #2 _____ Gender/Pronouns _____

Phone _____ Email _____

Address _____

City _____ State _____ Zip _____

Primary address of child(ren) is same as (check all that apply) Guardian #1 _____ Guardian #2 _____

Emergency Contact

(in the event that we cannot reach Guardian #1 or #2)

Name _____ Phone Number _____

Relationship to Child(ren) _____

Please let us know below if your child(ren) carries an **Epi-pen**, has **food allergies**, or if there is **anything else** you would like us to know to best serve your child(ren) and family at FPUU Canton.