

Religious Explorations Visitor/Participation Form 2015-2016 Children & Youth

Welcome to RVUUF, we're so glad you're here!

Please complete this form so that we can ensure that your child has a safe and positive experience.

Date: _____

I am enrolling my child *for the first time* _____ I am *updating existing information* about my child _____

Parent(s)/Guardian(s) Full Name(s):

Phone:

Email:

1. _____

2. _____

Child is visiting as a guest of Full Name: _____

Cell phone to contact during Sunday Service (set to vibrate):

Child Full Name:

Child's Birth date: School Grade: Gender Identity:

1. _____

What do we need to know to keep your child safe and ensure a comfortable and fun visit?

food or other allergies medical needs or concerns special learning needs or concerns

Please explain: _____

Child Full Name:

Child's Birth date: School Grade: Gender Identity:

2. _____

What do we need to know to keep your child safe and ensure a comfortable and fun visit?

food or other allergies medical needs or concerns special learning needs or concerns

Please explain: _____

Parents with children 12 and under: *I understand that I am to remain on Fellowship grounds during Sunday morning classes.* _____ (Sign)

From time to time, RVUUF will contact you by email about the Religious Explorations program. Please initial here if you DO NOT wish to receive RE program information. _____



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