

UNITARIAN UNIVERSALIST CHURCH OF EVANSVILLE  
2910 MORGAN AVE.  
EVANSVILLE, IN 47711

**RELIGIOUS EXPLORATION  
REGISTRATION FORM  
2010/2011**

Home Phone \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_ 2nd Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
(place asterisk by address where RE mailings should be sent if addresses differ.)  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Where Employed \_\_\_\_\_ Where Employed \_\_\_\_\_  
Phone# \_\_\_\_\_ Phone# \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

**CHILDREN ENROLLED IN RE PROGRAM:**

<u>Names</u>	<u>Dates of Birth</u>	<u>Grades</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Primary Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

Medications child is now taking, INCLUDING OVER-THE-COUNTER MEDICINE:

\_\_\_\_\_  
\_\_\_\_\_

If yes, please describe and indicate for which child:

\_\_\_\_\_

Known allergies and reaction for which child?

\_\_\_\_\_

From time to time we take field trips or hold overnights to help children learn more about curriculum topics and/or foster group spirit and growth. These outings and events will be chaperoned by adults, and any outings requiring transportation will be taken in vehicles driven by licensed adult drivers, all using seat belts. Please sign below if you give permission for your child to participate in class outings and events, assuming that all reasonable and proper precautions will be taken for your child's safety. Your signature also gives us permission to obtain emergency medical help for your child(ren) if needed.

**PERMIT FOR EMERGENCY TREATMENT OF A MINOR CHILD**

Are there any medical conditions that designated person(s) should know about these children? \_\_\_no\_\_\_yes

Date of most recent tetanus immunization/booster

\_\_\_\_\_

Emergency telephone number(s)

\_\_\_\_\_

I/We hereby designate a representative of the Unitarian Universalist Church of Evansville to authorize any reasonable and necessary emergency medical care needed by child(ren) if a parent/guardian cannot be contacted, while the above named child(ren) is participating in church related activities or field trips. This designation shall be effective for the period September 1, 2010 to August 31, 2011.

Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian

\_\_\_\_\_ Date \_\_\_\_\_