

Religious Education Registration 2009-2010

All families with children in Religious Education (RE) are encouraged to complete this registration form as soon as possible. Please return it to our RE Director Jennifer Pratt, UUCSS, 624 N. Broadway, Saratoga Springs, NY 12866.

(PLEASE PRINT)

Child's Name (First and Last)	Birth Date	Age	Gender	Grade

(Please use reverse side, if necessary, to list additional children.)

Does your child(ren) have any special needs, medical conditions, or food allergies? If so, please list.

Parent/Guardian Information	
Name:	Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Home Phone:	Home Phone:
Other Phone - please circle: CELL WORK	Other Phone - please circle: CELL WORK
Email Address:	Email Address: