

Today's date _____

**Registration Form
First Universalist Society in Franklin
Cooperative Religious Education Program**

ADULT 1

First Name – please print

Last name - please print

Home phone _____

Cell phone _____

email _____

Address _____

City/Town _____ Zip _____

ADULT 2

First Name – please print

Last Name – please print

Home phone _____

Cell phone _____

email _____

Address _____

City/Town _____ Zip _____

CHILDREN/YOUTH:

Last name and first name

Date of birth

Current Grade

II. Please note below anything that may help us serve your family better: medical conditions, allergies, dietary restrictions, medications, special needs; family circumstances such as divorce, death, move, or new school. If necessary use the reverse. If there is more than one child, please indicate the name.

The above-named child/ren have my permission to participate in the First Universalist Society Religious Education program.

Signature of Parent or Legal Guardian