

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

Date:

CONTACT INFORMATION

| | Adult 1 | Adult 2 |
|------------------------|---------|---------|
| First Name: | | |
| Last Name: | | |
| Home Phone: | | |
| Cell Phone: | | |
| Work Phone: | | |
| Email: | | |
| Street Address: | | |
| City/Town/Zip: | | |

CHILDREN:

| Last Name | First Name | Date of Birth | Grade/Group for 2010-2011 |
|-----------|------------|---------------|---------------------------|
| | | | |
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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 there is more than one child and please indicate the name. If circumstances change and you wish to provide additional information, please contact Rev. Ann Willever, Family Minister.