



Unitarian Universalist Society of Martha's Vineyard

Children's Lifelong Learning Registration Form - 2016/17

Parent/Guardian 1

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Parent/Guardian 2

Name: _____

Street Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Child(ren) Information

Name: _____ Birthdate: ____/____/____ Grade: _____

UU Explorers 1 (grades K-3) UU Explorers 2 (grades 4-6) Compass Points (7-9) Senior (10-12)

Please list any special concerns you might have about your child that you think would be helpful to your child's leaders, e.g. allergies, learning styles, or special needs. If you would prefer to speak with someone about these before your child begins, check here _____. Please let us know if your child has an IEP or 504 plan so we might provide needed accommodations.

Name: _____ Birthdate: ____/____/____ Grade: _____

UU Explorers 1 (grades K-3) UU Explorers 2 (grades 4-6) Compass Points (7-9) Senior (10-12)

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Turn Over for more information

Permission for Use of Photograph and Video Images in UUSMV publications:

I give express permission for my child(ren)'s image(s) and/or name(s) to be posted in UUSMV media including but not limited to the website, newsletter, videos, etc.

I do not give express permission for my child(ren)'s image(s) and/or name(s) to be posted in UUSMV media including but not limited to the website, newsletter, videos, etc.

Parent/Guardian Signature

Date