

UUCM Lifespan Religious Education Ministry Child/Youth Visitor Form

Welcome to the Unitarian Universalist Church of Minnetonka! Thanks for helping us get to know your children and youth by completing the information below.

Today's Date: _____

Parent/guardian name(s): _____

*Please complete the following contact information unless you have done so in the Guest Book upstairs:

*Street address: _____

*City: _____ *Zip: _____ *Phone: _____

*E-mail address(es): _____

Child/youth name:

_____ M/F ___ Birth date: _____ Grade/Class: _____

_____ M/F ___ Birth date: _____ Grade/Class: _____

_____ M/F ___ Birth date: _____ Grade/Class: _____

_____ M/F ___ Birth date: _____ Grade/Class: _____

_____ M/F ___ Birth date: _____ Grade/Class: _____

Health conditions, allergies or special needs we should be aware of:

Number of previous visits to UUCM's religious education program: _____

Please check all that apply:

_____ visiting today only

_____ considering registering for UUCM's religious education program