

*We are pleased to have your child visit us today!  
If your child is NOT registered in this year's RE Program, please fill out this form. - Thanks!*

First Unitarian Society of Milwaukee  
**RELIGIOUS EDUCATION PROGRAM – VISITOR FORM**

DATE: \_\_\_\_\_ SESSION (circle one):      9:00am    11:00am

PARENT/GUARDIAN/SPONSOR: \_\_\_\_\_  
\_\_\_\_\_ *Check here if you are a FUSM Member*

Street: \_\_\_\_\_

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip code : \_\_\_\_\_

Email \_\_\_\_\_

Phone: \_\_\_\_\_

\*\*\*\*\*

**PARENTS OR GUARDIANS – please note the following:**

- Pick-up time is **10:15 AM** (first service) **12:15 AM** (second service). Please be prompt.
- In the unlikely event of an emergency, teachers and staff assume responsibility for evacuating children from the building to the **northeast corner and down the block.**

\*\*\*\*\*

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Allergies or Health Concerns:

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Allergies or Health Concerns:

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Allergies or Health Concerns:

NAME OF CHILD: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_  
Allergies or Health Concerns:

---

**Additional Information:**

- \_\_\_ I would like to receive a copy of the church newsletter by (circle one): **Mail** or **Email?**
- \_\_\_ I would like more information about your Religious Education Program.
- \_\_\_ I would like to receive a call from the Director of Religious Education.