Our Whole Lives (OWL) Registration

**Student Information**

<table>
<thead>
<tr>
<th>Name</th>
<th>Pronoun</th>
<th>Birth Date</th>
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<tbody>
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<td>_______</td>
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Zip code of student’s primary residence ____________

Registering for the following OWL class (circle one):  K-2 grade  4th-6th grade  7-9th grade

Allergies/Medical conditions/Specific needs/Accommodations we should know about:

**Parent/Guardian**

<table>
<thead>
<tr>
<th>Name</th>
<th>Pronoun</th>
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<tr>
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<td>_______</td>
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</table>

Phone ____________________________  Alt. Phone ____________________________

Email ______________________________

**Parent/Guardian**

<table>
<thead>
<tr>
<th>Name</th>
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Phone ____________________________  Alt. Phone ____________________________

Email ______________________________

**Emergency Contact** (other than parent/guardian)

<table>
<thead>
<tr>
<th>Name</th>
<th>Phone</th>
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<tbody>
<tr>
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<td>______</td>
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**Fees**

The cost of OWL classes is:

- K-1: $85
- 4th-6th: $85
- Jr./Sr. High classes: $140

Discounts for all classes:

- $10 discount for UUCT members
- $20 discount for 2nd+ child in OWL classes in the same year

<table>
<thead>
<tr>
<th>Our Costs</th>
<th>Class fee</th>
<th>Discount</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>+ _________</td>
<td>- _______</td>
</tr>
<tr>
<td></td>
<td>- _________</td>
<td>- _______</td>
</tr>
<tr>
<td>Total</td>
<td>= _______</td>
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Check*/cash for $ _______ attached

*Checks should be made payable to “UUCT” with "OWL" in the memo line.

**Hardship**

If it would cause a hardship for your family to pay the regular fee, please let us know how much you can pay.
Permissions
I/we give my/our permission for my/our child
to participate in Our Whole Lives: Sexuality Education for the age range specified above as a part of the
education program at the Unitarian Universalist Church of Tucson.

Permission to Participate (All Classes)
For all OWL classes, all adults who have any type of legal custody MUST give permission for the child/youth
to participate by signing below. A faxed or scanned signature is acceptable if one adult is not located nearby. If
one adult has been given sole custody, if the child has been adopted by a sole adult, or if an adult is deceased,
please note the situation below.

Printed Name______________________________ Signature: ___________________________ Date: ______________

Printed Name______________________________ Signature: ___________________________ Date: ______________

Explanation of sole custody situation

Audio/Visuals Permissions (For 7-9th Grade OWL Only)
I understand that the program includes use of explicit audiovisual materials within the Sexuality and Our Faith
supplement. I understand that if I/we choose not to have my/our youth view the audiovisual materials, I/we
must arrange to keep my/our youth during the part of a class when the materials are shown.

Printed Name______________________________ Signature: ___________________________ Date: ______________

Printed Name______________________________ Signature: ___________________________ Date: ______________

Please initial:
_____ I am aware that all registrations require signatures from all legal parents/guardians before classes
begin. If a registration is taken electronically, the physical signatures can be collected in advance or
completed at the Parent Orientation.

_____ I am aware that at least one parent/guardian is expected to attend the Parent Orientation WITH the
student on the following date:
  • K-2nd Grade: Jan. 19, 12:30-2:45pm
  • 4-6th Grade: Jan. 19, 12:30-2:45pm
  • 7-9th Grade: Jan. 12, 12:30 - 3:30pm OR Jan. 16, 6:30-8:30pm

To be initialed at the mandatory Parent Orientation by at least one parent/guardian:
_____ At least one adult has attended an orientation to this program.

_____ At least one adult has viewed or declined the opportunity to view the audiovisual materials that
accompany this course.