

Unitarian Universalist Fellowship of Northern Westchester
Religious Exploration Ministry

7th – 9th Grade *Our Whole Lives* Permission Form
(One form per youth)



I/We give (youth name) _____

PARENT/GUARDIAN 1

Pick one:

- I have attended the orientation program which included the viewing of the explicit materials. I understand that the program could include the use of these materials. I have been given the opportunity to view the text curriculum by the DRE or course facilitators.
- I have NOT attended the orientation program which included the viewing of the explicit materials. I understand that the program could include the use of these materials. I have been given the opportunity to view the curriculum by the DRE or course facilitators.

Pick one:

- I would like my child to participate in the Our Whole Lives: Sexuality Education for Grades 7-9 as part of the Religious Exploration Ministry at the Unitarian Universalist Fellowship of Northern Westchester in Mt. Kisco, NY.
- I have opted NOT to have my child participate in the Our Whole Lives program. I realize that means my child will not have a RE experience this year with other youth their age, and they are welcome in the middle school book group which will meet approximately once each month.

Signed (parent/guardian) _____

Name (printed) _____

Email Address _____

Phone _____ Date _____

PARENT/GUARDIAN 2

Pick one:

- I have attended the orientation program which included the viewing of the explicit materials. I understand that the program could include the use of these materials. I have been given the opportunity to view the text curriculum by the DRE or course facilitators.
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Signed (parent/guardian) _____

Name (printed) _____

Email Address _____

Phone _____ Date _____

DRE Signature/ Date _____