



## Our Whole Lives: Sexuality Education for Grades 7-9

I/We give \_\_\_\_\_  
*name of child(ren)*

permission to participate in Our Whole Lives: Sexuality Education for Grades 7-9, part of the education program at the Unitarian Universalist Fellowship of Manhattan.

I/We have been offered the opportunity to view program materials. Yes No

I/We have attended an orientation to this program. Yes No

Signed \_\_\_\_\_  
*parent/guardian*

*Please print information below:*

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

Date signed: \_\_\_\_\_

Signed \_\_\_\_\_  
*parent/guardian*

*Please print information below:*

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

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

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

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

E-mail: \_\_\_\_\_

Date signed: \_\_\_\_\_