

The United Church of Santa Fe  
**2019-2020 CHILDREN AND YOUTH REGISTRATION**  
(child/registrations/19 20 registration form)

Please fill out **one form for each child** in your family and return form(s) to the church office or teacher. Thank you.

Date \_\_\_\_\_ Baptized (check): Yes No

Child's Name \_\_\_\_\_ E-Mail (if applicable) \_\_\_\_\_

Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Child's Primary Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Interests/Hobbies \_\_\_\_\_

Allergies \_\_\_\_\_

Are there medical, physical, or emotional conditions it would be helpful for a teacher to know about your child?

\_\_\_\_\_

I do /do not give permission United's Children's Ministry personnel to give first aid to my child.

I do /do not give permission for my child's image to be used in church media (website, bulletin, etc.).

Parent \_\_\_\_\_

Parent \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Primary form of communication (for direct communication) Email Text Facebook Phone  
Other:

Names/Ages of Siblings \_\_\_\_\_

Parent's Religious Tradition(s) \_\_\_\_\_

Significant Relatives Living In Santa Fe \_\_\_\_\_

\_\_\_\_\_

Emergency Contact (if we are unable to reach parents):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_