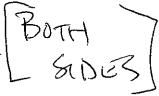
The United Church of Santa Fe 2021-2022 CHILDREN AND YOUTH REGISTRATION

(child/registrations/21-22 registration form)



| Date | Baptized (check): Yes No | | |
|--|---|--|--|
| Child's Name | | | |
| Age Grade School | | | |
| Child's Primary Address | | | |
| Date of Birth Place of Birt | h | | |
| 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 Childre | n's Ministry personnel to give first aid to my child. | | |
| I do /do not give permission for my child's im | age 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) | on) Email Text Facebook Phone | | |
| Names/Ages of Siblings | | | |
| arent's Religious Tradition(s) | | | |
| ignificant Relatives Living In Santa Fe | | | |
| mergency Contact (if we are unable to reach parents |): | | |
| fame | Phone | | |
| elationship to Child | | | |

| Immunizations: (mm/ | /yy) | Health Concerns: (Che | ck all that apply) | | | | | |
|------------------------|---------------|---|--------------------------|---|-------------------------|--|--|--|
| Tetanus | | | | | | | | |
| Polio | 1 | Asthma | Bed Wetting | Sleep Walking | Depression | | | |
| DPT | / | Colds | Sinus Condition | Sore Throat | Anxiety | | | |
| MMR | / | Cramps | Hyperventilation | Convulsions | Addiction | | | |
| Pneumonia | 1 | Diabetes | Homesickness | Athlete's Foot | ADHD/ADD | | | |
| Shingles | 7 | Heart Disease | Ear Infection | Hypertension | Other | | | |
| Flu | 7 | | | 1 | Outer | | | |
| Other | 7 | Other: | | | | | | |
| Covidia | İ | - | | | | | | |
| | | (Please explain any of t | the checked responses of | or any other physical or | emotional challenges.) | | | |
| lergies/Conditions/ | Circumstar | ices: | | | - , | | | |
| Hay Fever | ļ | Recent illness, surgery, or | r exposure to communica | able disease (please ex | nlain any | | | |
| Bee Sting | Restr | Restrictions): | | | | | | |
| Poison Ivy/Oak | 1.1000 | | | · | | | | |
| Penicillin | } | | | | | | | |
| Sulfa | | | | <u> </u> | | | | |
| Other Drugs | ł | | | | | | | |
| Food (specify) | | | | | • | | | |
| | | | | | | | | |
| | l | | • | | | | | |
| Other (specify) | ļ | | | | | | | |
| Other (specify) | | | | | | | | |
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| o or do not | at I otherwis | the making of photographs participation therein, and the se might have to limit or co- officers, agents, employees the best interest of mysolf as | ntrol such making or use | e tnereof. I waive any ri | ght to compensation | | | |
| ild/ward, as they deen | n to be in th | e best interest of myself or | my child/ward | 2 Charch to administer t | irst aid to me or to my | | | |
| | | | , omarnaid. | | | | | |
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| notive of Contactor | . | 1.0 | | | | | | |
| nature of Custodial P | arent or Leg | gal Guardian | | Date: | | | | |
| | | | | | | | | |
| higrary of MOU-Chatoc | nai Parent _ | | | Date: | | | | |

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SW Conference of UCC & The United Church of Santa Fe Health/Permission/Waiver Form