

The United Church of Santa Fe
2021-2022 CHILDREN AND YOUTH REGISTRATION
(child/registrations/21-22 registration form)

BOTH SIDES

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 _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email _____

Parent _____

Address _____

Home Phone _____

Work Phone _____

Cell Phone _____

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 _____

Immunizations: (mm/yy)

Tetanus	/
Polio	/
DPT	/
MMR	/
Pneumonia	/
Shingles	/
Flu	/
Other Covid 19	/

Health Concerns: (Check all that apply)

<input type="checkbox"/> Asthma	<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Sleep Walking	<input type="checkbox"/> Depression
<input type="checkbox"/> Colds	<input type="checkbox"/> Sinus Condition	<input type="checkbox"/> Sore Throat	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Cramps	<input type="checkbox"/> Hyperventilation	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Addiction
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Homesickness	<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> ADHD/ADD
<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Ear Infection	<input type="checkbox"/> Hypertension	<input type="checkbox"/> Other _____

Other: _____

(Please explain any of the checked responses or any other physical or emotional challenges.)

Allergies/Conditions/Circumstances:

- Hay Fever
- Bee Sting
- Poison Ivy/Oak
- Penicillin
- Sulfa
- Other Drugs
- Food (specify)

- Other (specify)

Recent illness, surgery, or exposure to communicable disease (please explain any Restrictions): _____

I do or do not authorize the making of photographs, motion pictures, videotapes, recordings, or other memorializing of said event and my or my child's/ward's participation therein, and the publication or other use thereof. I waive any right to compensation therefore or any right that I otherwise might have to limit or control such making or use.

I do or do not authorize officers, agents, employees, or volunteers of United Church to administer first aid to me or to my child/ward, as they deem to be in the best interest of myself or my child/ward.

Signature of Custodial Parent or Legal Guardian _____ Date: _____

Signature of Non-Custodial Parent _____ Date: _____