

The United Church of Santa Fe
2020-2021 CHILDREN AND YOUTH REGISTRATION
(child/registrations/20 21 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 _____