

2016-17 Children, Youth, and Families Registration Form (Children's Program)
Congregational Church of San Mateo (CCSM), UCC, 225 Tilton Avenue, San Mateo, CA, 94401 650-343-3694
PLEASE RETURN THIS FORM TO YOUR CHILD'S TEACHER AT CHURCH SCHOOL

Student's Name _____ Grade _____ Birth date _____

Address/City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Guardian #1 Name _____

Address/City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Guardian #2 Name _____

Address/City _____ Zip Code _____

Home Phone _____ Cell Phone _____ Email _____

Alternate contact, in case of emergency: _____
name phone #

List any allergies/dietary restrictions _____

Medications/Instructions _____

List anything else you want us to know about your child _____

Guardian signature _____ **Date** _____

Consent to Care (Optional): Please check "YES" or "NO."

___ YES, I hereby authorize the supervising adult of the Congregational Church of San Mateo to consent to any dental, medical and hospital care to be rendered to my child, _____, upon the advice of a licensed physician or dentist. I understand and agree that I am financially responsible for any care so procured.

Dr's Name & Phone # _____ Dentist's Name &Phone # _____

Health Care Plan _____ ID # _____

___ NO, I DO NOT authorize the supervising adult of the Congregational Church of San Mateo to consent to professional dental, medical, or hospital care for my child, _____.

Guardian signature _____ **Date** _____

Photo Consent (Optional): Please check "YES" or "NO."

During activities, we may take photographs or videos in support of CCSM and its mission.

___ YES, I give my permission to have my child _____ appear in CCSM publications and promotional materials.

___ NO, I DO NOT give my permission to use my child's images in CCSM publications and promotional materials.

Guardian signature _____ **Date** _____