

2016-17 Children, Youth, and Families Registration Form

Congregational Church of San Mateo (CCSM), UCC, 225 Tilton Avenue, San Mateo, CA, 94401 650-343-3694

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 _____

List any allergies/dietary restrictions _____

Medications/Instructions _____

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

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

Health Care Plan _____ ID # _____

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

Consent to Care

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 said minor upon the advice of a licensed physician or dentist. I understand and agree that I am financially responsible for any care so procured.

Guardian signature _____ Date _____

Photo Consent

During activities, we may take photographs or videos. We use photographs and videos are used solely in support of CCSM and its mission. We would appreciate your cooperation in signing the following consent to use any and all images of your child appearing in these photographs or videos at the discretion of CCSM.

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

_____ I DO NOT give my permission to use my child's images in CCSM publications and promotional materials.

6th-12th Grade Permission Slip

I give permission for my child _____ to leave the church premises to participate in activities planned through Congregational Church of San Mateo's youth program. Unless previously arranged by me, I understand that he/she will be driven by a responsible adult of at least 25 years of age.

Parent/Guardian Signature _____ Date _____