

Columbus Youth Center

Registration Card 2011-2012

CYC Start Date: September 6, 2011

Student Information		
Last Name:	First Name:	Mi:
Home Phone:	Cell Phone:	
Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth:	Grade:
911 Address:		
City:	State:	Zip Code:
Mailing Address:		
City:	State:	Zip Code:

Emergency Contact: Please give the requested information on adults who can be contacted in case of an emergency

Parent 1, Place of Employment:	
Work Phone:	
Name:	Phone:
Address:	
Parent 2, Place of Employment:	
Work Phone:	
Name:	Phone:
Address:	

List the names and grades of all brothers and sisters who attend CISD.

Name:	Grade:	Age:
Name:	Grade:	Age:
Name:	Grade:	Age:
Name:	Grade:	Age:

Method of Pick-up:	
<input type="checkbox"/>	Allow to walk home
<input type="checkbox"/>	Will be picked up by: _____

This signature acknowledges the accuracy of this information and an understanding of the CYC guidelines.

Parent Signature: _____

Date form completed: _____