

# 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:
<b>Emergency Contact:</b> 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: _____	
<input type="checkbox"/>	Bus Transportation (Drop-off Location: _____)	

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

Parent Signature: \_\_\_\_\_

Date form completed: \_\_\_\_\_