



REGISTRATION (GRADES K-5th)

CHRISTIAN YOUTH CENTER

1110 MANHATTAN ROAD, JOLIET

815-723-6837 WWW.CYCJOLIET.ORG

TODAY'S DATE _____

KID'S NAME	M or F	BIRTHDATE	AGE	GRADE	SCHOOL

IF YOUR FAMILY ATTENDS A CHURCH, WHICH ONE? _____

IF NOT, CAN A LOCAL CHURCH IN YOUR AREA CONTACT YOU? YES NO

FOOD ALLERGIES: _____

HOME ADDRESS: _____ CITY _____ ZIP _____

HOME PHONE: _____ E-MAIL: _____

CHILD LIVES WITH: FATHER MOTHER GRANPARENT OTHER

IF OTHER, SPECIFY: _____

FATHER _____ CELL PHONE: _____

MOTHER _____ CELL PHONE: _____

EMERGENCY CONTACT NAME AND # _____

NAMES OF OTHER ADULTS THAT ARE ALLOWED TO PICK-UP YOUR CHILD: _____

IS YOUR CHILD INVOLVED IN ANY OTHER ACTIVITIES AT THE CYC? IF SO, SPECIFY:
