

CENTRAL YOUTH REGISTRATION FORM
2020/2021

STUDENT CONTACT INFORMATION:

NAME: _____ MALE: _____ FEMALE: _____
HOME PHONE: _____ CELL PHONE: _____
HOME ADDRESS: _____
DATE OF BIRTH: _____ / _____ / _____
SCHOOL: _____ GRADE: _____

DO YOU HAVE ANY HEALTH ISSUES THAT CENTRAL COMMUNITY CHURCH
SHOULD BE AWARE OF? _____

PARENTAL CONTACT INFORMATION:

MOTHERS NAME: _____ FATHERS NAME: _____
CELL PHONE: _____
E-MAIL: _____

EMERGENCY CONTACT INFORMATION:

#1) NAME: _____ RELATIONSHIP _____
HOME PHONE: _____ CELL PHONE: _____

#2) NAME: _____ RELATIONSHIP _____
HOME PHONE: _____ CELL PHONE: _____

