

Y- Disciple Registration Form 2018

Child's Name*	Age*	Birthdate*	Grade*

Parent(s)/Guardian Name(s)*

Mailing Address* _____

E-mail Address* _____

Phone

Home _____

Child's Cell _____

Mom's Cell _____

Dad's Cell _____

Allergies/Medical Information/Other (Please identify which child if more than one child is registered on this form)

Emergency Contacts*

Name _____ Phone _____

Name _____ Phone _____

Dismissal Information

Name(s) of person(s) who may pick up this child from Y-Disciples

Photo Release*

I grant Corpus Christi Catholic Church permission to photograph my child/children. I understand that these photographs may be used for publicity and other Y- Disciple purposes.

Signature: _____ Date: _____