

CYO YARDVILLE
Spring Holiday Camp Registration Form

453 Yardville-Allentown Rd. – Yardville, NJ 08620 – Phone: (609) 585-4280 – Fax (609) 585-2435

REGISTRATION FORM

Check which days you will be attending below:

Tuesday _____ **Wednesday** _____ **Thursday** _____ **Friday** _____

Date of Enrollment _____ Home Phone _____

Child's Last Name _____ First Name _____

Date of Birth _____ Current Age _____ Gender _____

Address _____

City _____ State _____ Zip Code _____

My child attends _____ school. Grade _____

Mother's Name _____ Father's Name _____

Mother's Employment _____ Father's Employment _____

Employment Address _____ Employment Address _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Cell Phone _____ Father's Cell Phone _____

E-mail Address: _____ E-mail Address: _____

Does the child live with both parents? _____ Any custody issues? _____

PICK-UP AUTHORIZATION

The following person(s) are authorized, in addition to the mother and father, to pick up my children from the CYO Yardville Spring Holiday Camp.

Name Phone # Relationship to Child

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