



Registration Form

Pre K – 5th Grade

(One Per Child)

Child's name: _____ Child's gender: _____

Child's age: _____ Date of birth: _____ Last school grade completed: _____

Name of parent(s): _____

Street address: _____

City: _____ State: _____ ZIP: _____

Home telephone: (_____) _____

Parent/caregiver's cellphone: (_____) _____

Home email address: _____

Home church: _____

T-Shirt Size: Youth S M L XL

Adult S M L XL XXL XXXL

\$10 Fee _____

Allergies or other medical conditions: _____

In case of emergency, contact: _____

Phone: _____

Relationship to child: _____

Return form to CCBC Youth Group at St. Patrick's Church or Mail to PO Box 417 Chateaugay NY 12920 before June 15th to guarantee your shirt.

Questions please contact Val Dalton at 518-353-2370 or Heather Locklin at 518-353-0112