

CBCYG Student Contact Form

Student Info

First Name _____

Last Name _____

Grade _____

Birthday (month/day) (/) *so we can celebrate with them*

School _____

Allergies or
Medical Info we
should know of: _____

Parent 1 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Check box to receive emails about events and updates for CBCYG

Parent 2 Info

First Name _____

Last Name _____

Cell Phone _____ Work Phone _____

Email _____

Check box to receive emails about events and updates for CBCYG