

**COTTAGE LAKE PRESBYTERIAN CHURCH**  
**Youth Connect Registration Form – 2016-2017**

Name\_\_\_\_\_ Birthday\_\_/\_\_/\_\_

Grade\_\_\_\_\_ School\_\_\_\_\_

Address\_\_\_\_\_

City\_\_\_\_\_, WA Zip Code\_\_\_\_\_

Teen Cell\_\_\_\_\_ Teen E-Mail\_\_\_\_\_

Best way to Contact Teen: Cell / Home Phone / Text  
(circle one)

Parents\_\_\_\_\_

Home Phone\_\_\_\_\_

Mom Cell\_\_\_\_\_ Dad Cell\_\_\_\_\_

Mom Work\_\_\_\_\_ Dad Work\_\_\_\_\_

Mom E-Mail\_\_\_\_\_

Dad E-Mail\_\_\_\_\_

**Best Way/s to Contact You:**

E-Mail      Cell Phone      Home Phone      Text

**Registration Fee:**

**\$120 per 30-week year: \$60 per half (Sept-Jan & Feb-May)**

*(Simply to help offset the cost of dinner each week. Scholarships available.)*

I DO/DO NOT (circle one) give permission for my child to be photographed and/or videotaped (for end of year slide show, etc.)

Are there any medical, developmental, behavioral, dietary or allergy concerns that we should know about that may affect the child's participation in Youth Connect? \_\_\_\_\_

In the case of a medical emergency, Cottage Lake Presbyterian Church staff/volunteers are authorized to get immediate medical assistance.

**Parent Signature :** \_\_\_\_\_ **Date:** \_\_\_\_\_