

Catholic Youth Center



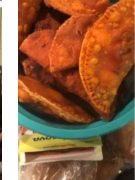
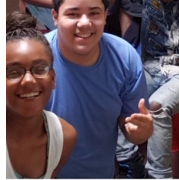
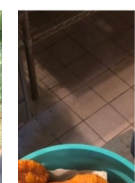
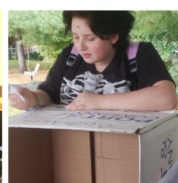
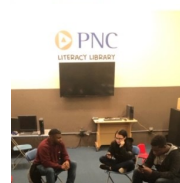
For the Young & Young at Heart

Youth Drop-In Center

in conjunction with the Luzerne County System of Care Initiative

Ages 14 - 18

- ◆ **Basketball**
- ◆ **Swimming**
- ◆ **Board Games**
- ◆ **Field Trips**
- ◆ **Book Club**
- ◆ **Art Club**
- ◆ **Creative Writing**
- ◆ **Employment Skill Training**
- ◆ **Self-Advocacy**
- ◆ **Tutoring/Homework Help**
- ◆ **Cooking Classes**
- ◆ **CPR/First Aid Training**



Transportation Available

Tuesday, Wednesday, Thursday

3:00 pm - 7:30 pm

36 South Washington St. Wilkes-Barre, Pa. 18701

Phone: 570-823-6121 ext. 270 * www.cycwb.org



Youth Drop-In Center Registration Form

| | | |
|--|---|---|
| Child's Name | | Date of Birth |
| Address | | |
| School/Day Program | School District | |
| Current Grade | Fax | |
| Mother's Name/Legal Guardian | | Cell Phone |
| Address | | Home Phone |
| Address | | Email Address |
| Father's Name/Legal Guardian | | Cell Phone |
| Address | | Home Phone |
| Address | | Email Address |
| Emergency Contact Person(s) (not living at child's address) | | Telephone Number when child is in respite |
| (2) Emergency Contact Person(s) (not living at child's address) | | Telephone Number when child is in respite |
| Primary Care Physician | Phone | |
| Address | Allergies (Including Medication Reaction) | |
| Special Disabilities (If Any) | Medication, Special Conditions | |
| Medical or Dietary Information necessary in an Emergency Situation | | |
| What Services is your child currently receiving? | | |
| Additional Information on Special Needs of Child | Does Your Child Have an IEP/IFSP? | |

Waiver

I, _____, the parent/guardian of the registrant, a minor, do agree and will abide by all the rules of the Catholic Youth Center (CYC). I recognize the possibility of physical injury associated with participating in CYC sponsored activities, and in consideration for the CYC providing these activities, do release the CYC and its staff members from all liability for any injuries sustained while on CYC property and/or participating in CYC activities.

Signature of Parent/Guardian

Date