

# CONTACT INFORMATION – Cabrillo Youth Chorus

## Office Use Only

\_\_\_\_ Dolce  
\_\_\_\_ Vivace  
\_\_\_\_ Allegria  
\_\_\_\_ ConBrio

### Semester Yr:

\_\_\_\_ Fall  
\_\_\_\_ Spring  
\_\_\_\_ Voice  
\_\_\_\_ Camp

## Student Information

Cabrillo ID # \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_

School: \_\_\_\_\_

Grade: \_\_\_\_\_

## Parent/Guardian Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Primary

Phone: \_\_\_\_\_

Primary

Email: \_\_\_\_\_

Student's

Email : \_\_\_\_\_

(optional)

## Emergency Contact Information

Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Primary

Phone: \_\_\_\_\_

## Pick-Up Authorization

### Parent/Legal Guardian Pick-up:

I will pick up \_\_\_\_\_ at the end of each day of CYC.

### Release to Designated Person(s):

I hereby authorize \_\_\_\_\_

to pick up \_\_\_\_\_ at the end of a day of CYC.

### Self Check-Out:

My child is over twelve (12) years of age and may self check-out at the end of a day.

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date