



OUT-OF-SCHOOL TIME REGISTRATION FORM

Student Name: _____

Student Race/Ethnicity: _____

CMSD ID#: _____

Student Grade: _____

Sibling Names & Grades: _____

Parent/Guardian Name: _____

Relationship: _____

Mobile Phone: _____

Email Address: _____

Other Parent/Guardian/Family Member: _____

Relationship: _____

Mobile Phone: _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

How will your child get home after dismissal at 3:30? *(check one)*

☐ Walk alone

☐ Walk home with: _____

☐ Pick up by: *(name and relationship)*

Allergies: _____

*Walker Release Form

*Handbook Acknowledgement Form