

Classes are filled first come first serve. If their first choice gets filled, we will put them in their 2nd choice. Classes will be filled by when the registration is received. **Each student has their own registration.** Please choose a **first** and **second** choice class for each time slot.

Student's Name: _____ Grade _____

1st choice:

12:30-1:30 Class _____

1:30-2:30 Class _____

2nd choice:

12:30-1:30 Class _____

1:30-2:30 Class _____

Allergies: _____

Parent/Guardian's Name _____

Address _____

Home Phone _____ Cell _____

Emergency Name and Phone _____

Transportation, PLEASE SEE BUS SCHEDULE

My child(ren) will be riding the bus to and from _____ **(Closest Bus Stop on this schedule, not normal bus schedule, DO NOT JUST PUT DOWN YOUR ADDRESS, thank you.)**

My child(ren) will be transported privately. Person(s) allowed to transport my child(ren) _____

Permission for Public Publishing (Descriptions of Activities only, No Names will be published)

To Photograph Child Yes No

To Post on CLSD Website Yes No

To Post on Facebook Yes No

To Publish in Paper Yes No

Circle payment method cash/check/scholarship request
OFFICE USE ONLY Paid cash/check/scholarship approved