



## Durant-Tuuri-Mott Elementary Activities



**A form must be completed for each child by parent / legal guardian.**

***Check the box for each program your child wishes to enroll in.***

***Registration ends on September 15th. RETURN TO THE MAIN OFFICE***

***\*Limited Spacing Available. First Come, First Served Basis\****

**PLEASE PRINT WITH BLUE OR BLACK INK. All pages must be completed.**

- Before School Club | Ms. Carroll/Ms. Sims | Mon - Fri | 7:30a - 8:35a | **Sept 11 - Jun 13** | Auditorium Entrance  
       \_\_\_ MON    \_\_\_ TUES    \_\_\_ WEDS    \_\_\_ THURS    \_\_\_ FRI
- Flag Football | 3rd-6th gr | Coach: TBD. | Mon/Wed | 5-6:30pm | Sept 11 - Nov 4 | Intramural Field
- Arts in Motion | Kdg -2nd | Ms. Ann Johnson | Wed | 4 - 4:55p | Sept 13 - Nov 1 | Auditorium
- Arts in Motion | 3rd - 5th | Ms. Ann Johnson | Wed | 5:05 - 6:00p | Sept 13 - Nov 1 | Auditorium
- Arts in Motion | 6th/7th | Ms. Ann Johnson | Fridays | 4 - 6:00p | Sept 15 - Nov 3 | Auditorium
- Volleyball | 3rd - 6th gr | Coach: TBD | Tues/Thurs | 5-6:30pm, Sept 12 - Nov 4 | Gym
- First LEGO Club | 3rd - 6th gr Co-Ed | Coach: TBD | Tues/Thurs | 4-5:30p | Sept 19 - Nov 4 | TBD
- Basketball | K - 2nd gr. Co-Ed | Jordan/Matthews | Tues/Thurs | 4p - 5p | Sept 12 - Nov 4 | Gym
- Chess Club | 4th - 7th | Coach: Stamps | Mon/Wed | 4 - 5:30p | Sept 11 - Nov 4 | Room 24
- Creative Arts | K - 2nd | Jay Rowland/Joe Schipani | Fridays | 4-5:30p | Sept 15 - Nov 3 | Staff Lounge
- Football Skills | Kdg - 2nd | Co-Ed | Coach: Jordan/Matthews | Mon/Wed | 4-5p | Sept 11 - Nov 1 | Intramural Field
- Science Exploration | Kdg - 2nd | Coach: TBD | 4 - 5:30 | Fridays | Sept 15 - Nov 3
- Friday Intramurals | 4th - 7th | Coach: Matthews/Jordan | 4 - 6:00 Fridays | Sept 15 - Nov 3

If you are in **5th - 6th grade**, please make a check mark to indicate if you are interested in learning to play an instrument in Band class **and/or** using your voice as an instrument in Choir class or leave blank.

\_\_\_\_\_ Yes, I'm interested in joining **BAND**

\_\_\_\_\_ Yes, I'm interested in joining **CHOIR**

Student Last Name	Middle Init.	Student First Name	Shirt Size

Date of Birth	Age (years)	Gender	School Student ID #	homeroom teacher
/ /				

Address	Alternate Address	City	Zip Code

<b>Parent/Guardian Name:</b>	
<b>Primary Phone Number</b>	<b>Alternate Phone Number:</b>
( ) -	( ) -

Please list any information that will assist our staff in working with your child.

Medical Concerns, Allergies, Medications, Dietary or Other Special Needs:	Please check any that apply
	<input type="checkbox"/> Enrolled in Special Education <input type="checkbox"/> ADD/ADHD <input type="checkbox"/> Anger Issues/ODD <input type="checkbox"/> Autism / Asperger Syndrome <input type="checkbox"/> Cognitive Impairment (CI) <input type="checkbox"/> Dietary concerns <input type="checkbox"/> Food allergies (explain) <input type="checkbox"/> Dyslexia/dyscalculia <input type="checkbox"/> Emotional Impairment (EI) <input type="checkbox"/> Speech / language <input type="checkbox"/> Other concerns:

Race / Ethnicity (check all that apply)	School	Grade (in 2017/2018 school year)
<input type="checkbox"/> Hispanic / Latino <input type="checkbox"/> Arabic/Middle Eastern <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan <input type="checkbox"/> Other:		
	<b>Eligible for Free/Reduced Lunch (Y/N):</b>	
	<b>Please mark one of the following:</b>	
	<input type="checkbox"/> My child will walk home from from after school programs <input type="checkbox"/> My child will be picked up from after school programs. <b>PLEASE NOTE: STUDENTS MAY NOT WALK HOME AFTER 6:30PM</b>	

<b>Office Use:</b>	<b>Date Registration Received:</b> / /	<b>#:</b>	<b>Date Registration Entered:</b> / /
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Please list any siblings attending Durant-Tuuri-Mott

First and Last Name	Address (if different from above named child)	Phone	homeroom	Grade

Parent / Legal Guardian Information			
	1	2	3
Name(s)			
Lives with child (Y/N)			
Home Phone			
Work Phone			
Cell Phone			
Email			
Can pick up child? (Y/N)			
Relationship to child			
Use as emergency contact?			

Additional Emergency Contact(s) (Able to pick up child)			
Name(s)			
Email			
Cell Phone			
Home Phone			
Work Phone			
Relationship			

My child may **NOT** be released to the following individual(s):

### Parent / Legal Guardian Consent

Yes	No	
		Is your child's medical form updated and on file with the school?
		Do you give the /Community Education Initiative/Crim Fitness Foundation permission to access your child's student records?
		May Community Education staff and partners perform general first aid if necessary? Please check if you allow: ___ Bug Spray ___ Sun Screen
		Does your child have any <b>EMERGENCY MEDICATION</b> at the school we should be aware of? If yes, please list:
		Are there activities your child should <b>NOT</b> participate in? If yes, please list:
		Do you give permission for your child to attend Community Education field trips via bus transportation? (Permission Slip for all Trips)
		May Community Education staff and its partners photograph, videotape, and/or interview your child for promotion with the understanding this may be used in various media outlets?
		Do you give Community Education Initiative and its partners permission to use the photo, voice, or picture of your child in social media? (Facebook, Twitter, and Website) ___ Please check if NO pictures are allowed.

### Additional Information

Yes	No	
		Are you interested in volunteering at your child's school? If you respond 'yes' a Community Education representative will contact you.

I, parent/guardian, hereby give my approval and permission for the child (children) below, to participate in the activities of Community Education Initiative. I understand participation in any recreational program may result in serious injuries to participants, and do hereby waive, release, absolve, indemnify and agree to defend and hold harmless Crim Fitness Foundation, the Flint Community Schools and its partners, its director, staff, volunteers, organizers, sponsors, and other participants, including any other persons transporting myself or my child (children) to and from activities for any claim arising out of an injury to my child (children) occasioned by their participation in Community Education activities. I also authorize the Crim Fitness Foundation, to utilize any photographs and videotapes of my child's and my participation Community Education activities for any and all purposes. I understand that if I do not follow the rules of conduct I may be asked to leave or not allowed back for programming. By signing my name below, I hereby certify that I have read all the terms and conditions of this release and do intend to be legally bound thereby.

Signature of Parent or Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*For questions or comments, please contact Chris Collins, Community School Director, [ccollins@crim.org](mailto:ccollins@crim.org), 810-767-6372*