

### LATCHKEY ENROLLMENT FORM

Please fill out a separate registration form for each child.

Registration Fee is \$25 per child/per program (Before and After School Latchkey or Summer Latchkey)  
I am enrolling my child in the following program: **Before & After School Latchkey ----- Summer Latchkey**

Child's Name: \_\_\_\_\_ M F DOB \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does child live with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Father's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Employer: \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Authorized Person(s) to pick up my child: \_\_\_\_\_

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

Emergency Contacts: (other than self)

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

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

Doctor: \_\_\_\_\_ Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Problems/Allergies/Medications: \_\_\_\_\_

I hereby give permission for emergency treatment for my child as requested by the staff of the Latchkey Programs, his/her authorized childcare provider.

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

\_\_\_\_\_  
Date

My child has permission to watch PG movies

My child has permission to rollerblade

My child be in photos/videos

My child has permission to go on field trips

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

\_\_\_\_\_  
Date