



## LATCHKEY Enrollment Information SUMMER 2020

*Please fill out a separate registration form for each child.*

*Registration Fee is \$25.00 per child per program (Before & After School Latchkey or Summer Latchkey)*

I am enrolling my child in the following program: **SUMMER LATCHKEY**

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

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

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

Number of children in family \_\_\_\_\_ Number older \_\_\_\_\_ Number younger \_\_\_\_\_

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

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

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

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

Caregiver's Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Authorized persons to pick up my child: \_\_\_\_\_

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

Emergency Contacts: (other than self)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Address \_\_\_\_\_ 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 \_\_\_\_\_

- PG Movies: Staff members will preview all movies before shown.  My child has permission to watch PG movies.  
 My child has permission to rollerblade.  
 You have permission to take photos of my child  
 My child has permission to go on field trips

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

Date \_\_\_\_\_