

LATCH KEY REGISTRATION & EMERGENCY FORM 2010 - 2011

Child's Name _____
FIRST MIDDLE LAST

Address _____
Home Phone _____ Date of Birth _____

Parent/ Guardian Name _____
Mother Father

Address (if different) _____

(Step) Mother's place of employment _____

Work Telephone _____ Cell Phone _____

(Step) Father's Place of employment _____

Work Telephone _____ Cell Phone _____

Child's Grade _____ Days Attending _____
Mon. Tues. Wed. Thurs. Fri.

Estimated time of Pick Up _____

Names of those who may pick up your child(ren) _____

EMERGENCY INFORMATION

If Parent(s) can not be reached contact:

Name _____ Name _____

Telephone _____ Telephone _____

Relationship _____ Relationship _____

In an Emergency when a Parent/ Guardian can not be reached may the director or designee send the child to the hospital? yes _____ no _____

Hospital of Choice _____

Child's Physician's Name _____

Telephone _____

Child's Dentist's Name _____

Telephone _____

To the best of your knowledge does your child have any known allergies to medicine, food etc., or health problems? Please list _____

Is your child on any daily medication? Please list _____

Does your child have any of the following conditions?

Diabetes Asthma Epilepsy Heart Bleeding
Contact lenses Dental Appliance Medical or Surgical Appliance

I understand this permission and information is valid for the current school year only.

I will notify Latchkey in writing of any changes in this information.

Mother's Signature _____ Date _____

Father's Signature _____ Date _____