

LATCHKEY ENROLLMENT INFORMATION

Child Information			
*Child's Name:		*Date of Birth:	*Grade
*Address:	City:	State:	ZIP:
*Allergies, special instructions:			

Parent/Guardian Information (1)			
*Name:		*Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	*Cell #:	*Work #:	
Email (personal):		Email (work):	
*Place of work:		Address:	

Parent/Guardian Information (2)			
*Name:		*Relationship to child:	
Address: (if different than child)	City:	State:	ZIP:
Home #:	*Cell #:	*Work #:	
Email (personal):		Email (work):	
*Place of work:		Address:	

Emergency Contact (1)			
*Name:		*Relationship to child:	
Address:	City:	State:	
*Home #:	*Cell #:	*Work #:	
Email (personal):		Email (work):	

Emergency Contact (2)			
*Name:		*Relationship to child:	
Address:	City:	State:	
*Home #:	*Cell #:	*Work #:	
Email (personal):		Email (work):	

Emergency Contact (3) – Out-of-Area/Out-of-State			
*Name:		*Relationship to child:	
Address:	City:	State:	
*Home #:	*Cell #:	*Work #:	
Email (personal):		Email (work):	

Medical Information

*Child's Doctor's Name:		Phone #:
Address:	City:	State:
*Preferred Hospital to Contact:		Phone #:
Address:	City:	State:
*Health Insurance:		
*Child's Dentist's Name:		Phone #:
Address:	City:	State:

Does your child have any special needs that I need to be aware of?

**Persons allowed to pick up my child if I am unable to:
(Also list emergency contacts below if you want to allow them to pick up your child)**

Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:
Name:	Phone #:	Relationship to child:

Any one NOT allowed to pick up my child (with copy of court order, if applicable):

***Required information.**

Parent's Signature:

Date:

Parent's Signature:

Date: