

Shawnee Elementary Latchkey Program
Enrollment Form

Morning Latchkey

First Date of Attendance _____

Afternoon Latchkey

First Date of Attendance _____

Pick Up Time _____

Custodial Data

Last Name -----

First Name -----

Address 1 _____

Address 2 _____

City _____

State _____

Zip _____

Home Phone _____

Cell Phone _____

Work Phone 1 _____

Work Phone 2 _____

Child # 1 Data

Last Name _____

First Name _____

Grade _____

Birthdate _____

Gender M F

Child # 2 Data

Last Name _____

First Name _____

Grade _____

Birthdate _____

Gender M F

Child # 3 Data

Last Name _____

First Name _____

Grade _____

Birthdate _____

Gender M F

Person(s) authorized to call for my child are listed below (**include phone #**): Any changes in this list **MUST** be received from you in writing. **NO** unauthorized person will be allowed to pick up your child(ren).

Choose Payment Method:

___ Weekly ___ Monthly Prepay A.M. ___ Monthly Prepay P.M.
___ Monthly Prepay A.M & P.M.

(PLEASE NOTE: If you choose Monthly Prepay, **the amount must be paid by the first of each month.**)

Person responsible for payment, if different from above:

Name: _____ Address: _____ Phone: _____

Emergency Dismissal:

In case of an emergency dismissal, we will need to know your daytime phone and extension number. The office will try and notify you of the situation but you should have an alternative plan and we will need to know what it is. The reason is to help eliminate confusion for the children who are enrolled in our program. Please circle one of the options listed below and return this paper immediately.

1. Notify my spouse or me immediately.
2. Please keep my child(ren) at school until myself or an alternate person can pick them up. (**This will need to be done as soon as possible.**)
3. Send my child(ren) home on the bus.
4. Other option: Please explain: _____

I agree to adhere to the Latchkey Program policies as listed here and in the Latchkey Handbook.

Parent/Guardian Signature

Date