



**LATCHKEY REGISTRATION FORM 2024-2025**

Student's Name \_\_\_\_\_ Gender \_\_\_\_ DOB \_\_\_\_\_

Student's Address \_\_\_\_\_

Father's Full Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Phone (Home) \_\_\_\_\_

Email Address \_\_\_\_\_ Phone (Work) \_\_\_\_\_

Please check the appropriate box: Married  Separated  Divorced

If separated or divorced, who has legal custody: \_\_\_\_\_

In case of an emergency involving your child and you cannot be reached, please list the alternate persons who could be contacted.

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Please describe any special conditions regarding your child of which we should be aware (health problems, allergies, etc.)

\_\_\_\_\_

\_\_\_\_\_

Please list below any and all individuals who have permission to pick up this child.

\_\_\_\_\_

\_\_\_\_\_

Please circle the days of the week that your child will be staying for the latchkey program.

Monday      Tuesday      Wednesday      Thursday      Friday      AM and/or PM

Comments: \_\_\_\_\_

For Latchkey Staff: Time and Date Registration Received: \_\_\_\_\_