



LATCHKEY REGISTRATION FORM 2025-2026

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: _____