



Educational Service Center of the Western Reserve

Latchkey

Student Information:

First Name_____ Middle Name_____ Last Name_____

Address:_____

D.O.B. _____ Age____ Student lives with (circle): Mother Father Other (indicate)_____ Home

School District:_____ Student ID # _____

Parent/Guardian Information:

Parent/Guardian 1:

First Name_____ Last Name_____

Address:_____

Home Phone # _____ Cell Phone # _____ Work # _____ (Circle preferred #)

Email Address: _____ Preferred Method of Communication: _____

Preferred Time of Day to be reached: _____

Parent/Guardian 2:

First Name_____ Last Name_____

Address:_____

Home Phone # _____ Cell Phone # _____ Work # _____ (Circle preferred #)

Email Address: _____ Preferred Method of Communication: _____

Preferred Time of Day to be reached: _____

By signing below, I certify all the information in this Educational Service Center of the Western Reserve preschool enrollment packet is true and correct to the best of my knowledge.

X

Parent/Guardian Signature Date