

ID# _____

JACKSON LATCHKEY PROGRAM
REGISTRATION FORM

Student's Name _____ Sex ____ Birthdate _____

Parent's Name(s) _____

Home Address _____

School _____ Teacher _____ grade ____ Bus# ____ Driver _____

Father's Place of Employment _____

Address _____ Hours _____ Phone _____

Mother's Place of Employment _____

Address _____ Hours _____ Phone _____

In case of an accident or illness, and you cannot be reached, whom should we call?***Please provide a number where these people can be reached during the program hours.

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

Who, including parents, is authorized to pick up your child? Any changes MUST be made in writing.

1.(mother) _____ Phone _____

2.(father) _____ Phone _____

3. _____ Phone _____

4. _____ Phone _____

5. _____ Phone _____

Who is not authorized to pick up your child?

Is there any additional information we should know about your child? (allergies, dietary restrictions, behavioral or emotional concerns, likes/dislikes, relationships with others)

HOURS AND USE OF SERVICE

Anticipated Use: (Circle) **Mon.** **Tues.** **Wed.** **Thurs.** **Fri.**

Hours _____

Date of Enrollment _____

Starting Date _____

Parent(s) Signature _____