

Family Name

Address

City

Zip

Person(s) responsible for payment of fees (and address if different than listed above):

Parents or Guardians

Name

Phone # where parents can be reached during LK hours

Parental Status

Married Single Divorced Separated

Is there a custody issue in which the Latchkey staff should be aware of? If yes, please explain.

Yes No

If single/divorced/separated, do you give permission for the mother/father/step-mother/step-father to receive billing statements/information?

Yes No

If yes, please list name and address:

(This information will be kept confidential and is strictly for your child's protection.)

Persons authorized to pick up child(ren) if parents are unavailable:

Name _____ Address _____

Wk / Hm Phone #'s _____ Relationship to Child _____

Name _____ Address _____

Wk / Hm Phone #'s _____ Relationship to Child _____

Food/ Medical Allergies: Yes No

Please pick up a Latchkey flyer for more information on the program.