



Latchkey Registration Form

Two Week Period of: _____

Child(ren)'s Name(s): _____

Number of Children: _____

Please select the dates/times your child(ren) will be attending Latchkey.
Payment is due the week before the date(s) of attendance.

Week 1						Week 2					
Date:	Mon	Tues	Wed	Thur	Fri	Date:	Mon	Tues	Wed	Thur	Fri
Preschool Before School 7:15-8:00 a.m. (\$4 per child)						Preschool Before School 7:15-8:00 a.m. (\$4 per child)					
3:15-4:15 p.m. (\$4 per child)						3:15-4:15 p.m. (\$4 per child)					
3:15-5:15 p.m. (\$8 per child)						3:15-5:15 p.m. (\$8 per child)					
3:15-6:00 p.m. (\$12 per child)						3:15-6:00 p.m. (\$12 per child)					
Total Hours						Total Hours					

Amount Paid: _____ Date Payment Received: _____

Received by: _____

Parent's Signature: _____

Phone Number: _____ Email: _____