

SPX LATCHKEY REGISTRATION FORM

SCHOOL YEAR: _____/_____

****registration forms must be COMPLETE BEFORE child may attend LK Program****

FAMILY NAME _____

Child's name	DOB	GRADE <i>for above school year</i>
Child's name	DOB	GRADE <i>for above school year</i>
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Child's name	DOB	GRADE <i>for above school year</i>
STREET ADDRESS OF CHILDREN	CITY/ZIP	HOME PHONE
Parent/Guardian Name	CELL PHONE	EMAIL
HOME STREET ADDRESS	CITY/ZIP	HOME PHONE
WORK	WORK PHONE	PERMISSION TO USE WORK PHONE NUMBER: YES NO
Parent/Guardian Name	CELL PHONE	EMAIL
HOME STREET ADDRESS	CITY/ZIP	HOME PHONE
WORK	WORK PHONE	PERMISSION TO USE WORK PHONE NUMBER: YES NO
LIST 3 AUTHORIZED PERSONS TO TAKE CHILD FROM PROGRAM IN THE EVENT OF AN EMERGENCY:		
NAME:	NAME:	NAME:
RELATIONSHIP:	RELATIONSHIP:	RELATIONSHIP:
HOME PHONE	HOME PHONE	HOME PHONE
CELL PHONE	CELL PHONE	CELL PHONE
WORK PHONE	WORK PHONE	WORK PHONE
PHYSICIAN	DENTIST	OTHER HEALTH CARE PROVIDER:
		NAME
PHONE	PHONE	PHONE
LIST OF PERSONS NOT PERMITTED TO PICK UP THIS CHILD:	RESTRAINT PAPERS/DIVORCE DECREE ATTACHED?	
	YES	NO
	YES	NO
	YES	NO

PERMISSION TO PROVIDE FIRST AID & TRANSPORTATION TO AN EMERGENCY CARE FACILITY IF NEEDED:

PARENT/GUARDIAN SIGNATURE _____

If you DO NOT WANT your child transported to an emergency care facility or provided first aid specify what action you want taken:

CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
CHILD'S NAME:	
MEDICAL/HEALTH NEEDS:	
ALLERGIES & TREATMENT:	
DIETARY RESTRICTIONS:	
MEDICATION:	
NOTE: A medication form MUST be completed for each medication administered while attending Latchkey	
PLEASE CIRCLE:	
Days of Attendance: Full Time (4-5 days) Part Time (1-3 days) 1 Day Drop In (occasional)	
Extra-Curricular Session FT, PT or 1 Day rate for entire length of season (sports, choir, clubs)	
Parent's Signature:	Date:

01/22/2021