

# LATCH KEY REGISTRATION & EMERGENCY FORM 2018 - 2019

Child's Name \_\_\_\_\_  
FIRST MIDDLE LAST

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/ Guardian Name \_\_\_\_\_  
Mother Father

Address (if different) \_\_\_\_\_

(Step) Mother's place of employment \_\_\_\_\_

Work Telephone \_\_\_\_\_

(Step) Father's Place of employment \_\_\_\_\_

Work Telephone \_\_\_\_\_

Child's Grade \_\_\_\_\_ Days Attending \_\_\_\_\_  
Mon. Tues. Wed. Thurs. Fri.

Estimated time of Pick Up \_\_\_\_\_

Names of those who may pick up your child(ren) \_\_\_\_\_

## EMERGENCY INFORMATION

If Parent(s) can not be reached contact:

Name \_\_\_\_\_ Name \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Relationship \_\_\_\_\_ Relationship \_\_\_\_\_

In an Emergency when a Parent/ Guardian cannot be reached may the director or designee send the child to the hospital? Yes \_\_\_\_\_ no \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_

Telephone \_\_\_\_\_

Child's Dentist's Name \_\_\_\_\_

Telephone \_\_\_\_\_

To the best of your knowledge does your child have any known allergies to medicine, food etc., or health problems? Please list \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is your child on any daily medication? Please list \_\_\_\_\_

\_\_\_\_\_

Does your child have any of the following conditions?

Diabetes Asthma Epilepsy Heart Bleeding

Contact lenses Dental Appliance Medical or Surgical Appliance

I understand this permission and information is valid for the current school year only.

I will notify Latchkey in writing of any changes in this information.

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_