

# Latch-Key Enrollment Form

School Year \_\_\_\_\_

**PRIMARY** \_\_\_ or **INTERMEDIATE** \_\_\_

Grade \_\_\_\_\_ Teacher \_\_\_\_\_

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

My child will attend Latch Key on:

AM Session Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_

PM Session Mon. \_\_\_ Tue. \_\_\_ Wed. \_\_\_ Thur. \_\_\_ Fri. \_\_\_

***IF YOUR CHILD ATTENDS BOTH SESSIONS, YOU WILL BE CHARGED FULLTIME FOR BOTH SESSIONS  
REGARDLESS OF HOW MANY DAYS THEY ATTEND.***

The Latch-Key program is available to all elementary age children without regard to race, color, sex, religion, national origin, or handicap.

I, \_\_\_\_\_, have read the Latch-Key handbook and I am in full understanding of all policies.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**IT IS THE PARENT'S RESPONSIBILITY TO UPDATE ALL INFORMATION AS NEEDED THROUGH THE SCHOOL YEAR.**

**FEES WILL BE AUTOMATICALLY DEDUCTED THROUGH RAPID TUITION ON THE 10<sup>TH</sup> OF EACH MONTH THROUGH THE SCHOOL YEAR.**

## **Emergency Contact Information**

**First** Person to Contact: \_\_\_\_\_

**Second** Person to Contact: \_\_\_\_\_

### **If these contacts cannot be reached:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Is there anything we need to know about your child that will enable us to provide the best possible care? (Allergies, medical needs, discipline problems, favorite things to do, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **RELEASE FOR EMERGENCY MEDICAL CARE:**

NAME OF CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

I give my permission for \_\_\_\_\_, to receive emergency medical attention during the hours of the Latch-Key program. If I cannot be reached by phone the staff of Latch-Key would arrange for this care.

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

I give my permission for these persons to pick my child up from Latch-Key in the event that I am unable to do so. I understand that only those listed below will be able to remove my child from the program. They also must present a picture ID to be able to do so.

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**I give my permission for the RBBCSC Latch-Key Director to access my family's free and reduced status for the purpose of qualifying for a scholarship: \_\_\_\_\_**

**Please return the completed Latch-Key enrollment form along with the Rapid Tuition enrollment form by email to [epace@rbbschools.net](mailto:epace@rbbschools.net), to the front office, or to your child's teacher.**