

ST. Paul Evangelical Lutheran Latchkey
Enrollment form
(SPELL)

Days to attend: (AM) M T W T H F (PM) M T W T H F Drop in
Arrival Time: _____ Pick up Time: _____

Child's Name _____ SEX: M F Birthdate: __/__/__

Parent(s)/ Guardian(s) Name _____

Phone Number _____ 1st Cell Number _____

2nd Cell Number _____

Address _____

Person Responsible for Payment: _____

Email address: _____

Child lives with () both parents () Mother () Father () other _____

Child's Physician _____ Phone _____

Dentist _____ Phone _____

Allergies/ Diet restrictions: _____

Requires Medication () yes () No

Emergency Numbers: People close to the school that may be notified in case of an emergency or illness, when parents or guardians are not available. Please provide a telephone number where they may be reached during program hours.

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Emergency Medical Release: If any emergency medical care is deemed necessary and I can not be contacted, I authorize the child care staff to act in my behalf in granting permission for my child to receive first aid, medication, and transported to an emergency care facility.

Signature of Parent/Guardian _____ **Date:** _____

Persons authorized to pick up your child: (ID maybe checked)

Changes must be done in writing

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

List names of Anyone who may NOT visit to take your child from the program:

Name _____

Name _____

Brothers and sisters also enrolled in the latchkey program:

1) _____

2) _____

3) _____

My child has my permission to have his/her picture taken and printed in the Newspaper () Y () N

Signature _____ Date _____

My child has the following special needs (please include any medications your child takes)

Please request a new form when circumstances change