

Latch-Key Enrollment Form

School Year: _____ Grade: _____ Birthday: _____

Child's Name: _____

Primary Parent/Guardian Name for Billing: _____

Relationship to Child: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Place of Employment: _____ Work Phone: _____

Primary Billing 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 FULL TIME 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's Signature: _____ Date: _____

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

FEES WILL BE AUTOMATICALLY DEDUCTED THROUGH SMART CARE ON THE 15TH 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 by email to jp pace@rbbschools.net, to the front office, or to your child's teacher.