

ST. Paul Early Childhood Center

Latchkey Enrollment Form

Circle before school days will attend: (AM) M T W TH F

Circle after school days will attend T TH

Drop in (not on regular schedule but will give 48 hrs. advance notice) _____

Arrival Time: _____

OR

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 _____

How will the child be transported to latchkey? _____

How will the child get home from latchkey? _____

Child's Physician _____

Phone _____

Dentist _____

Phone _____

Allergies/ Diet restrictions: _____

Requires Medication ☐ yes ☐ No If yes, please speak to director for additional forms.

Emergency Numbers: Information from preschool enrollment forms will be used.

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

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

***Changes must be done in writing* Please request a new form when circumstances change**