

LATCHKEY APPLICATION 2020-2021

Grade _____ Homeroom _____

Student's Name _____ Home Phone _____
Cell Number(s) _____
Street _____
City, State _____
Home Address if different _____
Mother's Name _____ Daytime Phone _____
Father's Name _____ Daytime phone _____
Other's Name _____ Daytime phone _____
E-mail address for billing purposes: _____

Please circle the session(s) you wish your child to attend?

Morning:	M	T	W	Th	F
Afternoon:	M	T	W	Th	F

Please check if this statement applies:

_____ My needs for Latchkey change often and I will send a note each time my child is to stay.

_____ I would like to have my child's application on file for emergency use only.

Waiver:

I have read the Latchkey Handbook and understand the procedures governing the program. I understand the enrollment is voluntary and that I shall not hold Wheelersburg Local Schools responsible in the event of an accident. I give my child permission to participate in the program.

I also hereby give consent for the administration and treatment deemed necessary by the school staff, doctors, and transport to a hospital that is reasonably accessible. Please list facts concerning medical history and/or allergies:

Signature of Parent/Guardian _____ Date _____

All sections must be completed or enrollment in the program will be refused.