

CRESTVIEW LATCHKEY PROGRAM

REGISTRATION FORM FOR PARTICIPATION IN THE PROGRAM 2021-2022

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Student Last Name

Student First Name

Primary Parent Last Name

Primary Parent First Name

	Cell	Work
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Student's Address (with Town and Zip Code)

Primary Parent Phone

Primary Parent Phone

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Parent's Employer

Parental Status (Married, Divorced, Single)

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Person Responsible for Payment of Services

Secondary Parent Last Name

Secondary Parent First Name

		Cell	Work
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Primary Parent Email

Secondary Parent Email

Secondary Parent Phone

Secondary Parent Phone

Days and Times You Plan to Use LatchKey Program Services (Circle all that apply.)

Monday	AM	PM
Tuesday	AM	PM
Wednesday	AM	PM
Thursday	AM	PM
Friday	AM	PM

I would like my child to purchase a snack.

Yes _____

No _____

I would like my child to start working on homework.

Yes _____

No _____

I give building administration and their designees permission to review qualifications for free and reduce lunches for the purpose of providing potential financial assistance for latchkey program services.

Yes _____

No _____

Please list the names and phone numbers of people Who May Pick Up My Child From Latchkey

Name	Phone Number
1	
2	
3	
4	
5	
6	
7	

Parent Signature_____
Date