

Erie Community Latchkey Registration Form

Student Name _____ Grade _____

Date of Birth _____ Teacher Name _____

Address _____

Parent/Guardian #1 _____ Relationship/
Phone # _____

Parent/Guardian #2 _____ Relationship/
Phone # _____

Email Address _____

Emerg Contact/Auth Adult to pick up _____ Relationship/
Phone # _____

_____ Relationship/
Phone # _____

Latchkey Need AM _____ Drop off Time: _____ Days of Week (circle) **M T W TH F**

PM _____ Pick up Time: _____ OR Fog Day 1/2 day Inservice

Registration Fee _____ \$35.00 first child/\$17.50 each additional Paid (circle) Cash Check CC

Ck #/Auth # _____

Please be prepared to provide your Identification when dropping off/picking up your child

over

Erie Community Latchkey Registration Form cont.

Doctor Information _____ Phone# _____

Address _____

Does your child have any allergies? Yes or No **If yes, Please List**

Will your child need to have medication administered? Yes or No

If yes, you will need to complete separate medication form

Does your child eat school provided breakfast? Yes or No

Would you like your child to complete homework after school? Yes or No

Will your child be using an electronic device after school from 5-5:30 pm? Yes or No

If yes, you will need to complete separate permission form