

**Clark-Shawnee Local Schools Latchkey Program  
Enrollment Form**

**Morning Latchkey**

First Date of Attendance \_\_\_\_\_

Drop Off Time \_\_\_\_\_

**Custodial Data**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_

Phone 2 \_\_\_\_\_

Work Phone 1 \_\_\_\_\_

Work Phone 2 \_\_\_\_\_

**Person(s) authorized to call for my child:**

any changes in this list MUST be received from you in writing, NO unauthorized person will be allowed to pick up your child(ren).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Person responsible for payment, if different from above.**

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**I agree to adhere to the Latchkey Care Program policies as listed in the Latchkey Handbook.**

**Afternoon Latchkey**

First Date of Attendance \_\_\_\_\_

Pick Up Time \_\_\_\_\_

**Child # 1 Data**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade Level            P            M

Birthdate \_\_\_\_\_

Gender                    M            F

**Child # 2 Data**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade Level            P            M

Birthdate \_\_\_\_\_

Gender                    M            F

**Child # 3 Data**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Grade Level            P            M

Birthdate \_\_\_\_\_

Gender                    M            F

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date