

**CRESTVIEW LATCHKEY PROGRAM
REGISTRATION FORM FOR PARTICIPATION IN THE PROGRAM 2015-2016**

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Student Last Name

Student First Name

Primary Parent Last Name

Primary Parent First Name

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Student's Address (with Town and Zip Code)

Cell

Primary Parent Phone

Work

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

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Cell

Secondary Parent Phone

Work

Secondary Parent Phone

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

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

The **Emergency Medical Form** and the **Who May Pick Up My Child Form** completed for Crestview Elementary are also applicable for LatchKey Program Services.

Parent Signature

Date