

Adams Central Latchkey

Child's full name: _____

Name child is called: _____

Child's Classroom

Teacher: _____ Bus# _____

Birthday: _____ Age _____ Race _____

Family Address: _____

Home phone number: _____

Cell _____

Email address: _____

Days your child will attend _____ Time: _____

Mother's Name: _____

Address (if different than child's): _____

Place of Work: _____

Work Hours: _____ Work Phone: _____

Father's Name: _____

Address (if different than child's): _____

Place of Work: _____

Work Hours: _____ Work Phone: _____

PERSON AUTHORIZED TO PICK UP MY CHILD: (ANY LATER ADDITIONS OR CHANGES MUST BE IN WRITING)

NAME	ADDRESS	RELATIONSHIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSON TO CONTACT IN CASE OF EMERGENCY (MUST ALSO BE AUTHORIZED TO PICK THE CHILD UP)

NAME	ADDRESS	RELATIONSHIP	PHONE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PERSON(S) WHO MAY NEVER PICK UP THIS CHILD:

Name: _____ **Relationship** _____

Name: _____ **Relationship** _____

INSURANCE FORM

COMPANY: _____ POLICY# _____

MEDICAL INFORMATION:

CHILD'S DOCTOR _____ PHONE _____

CHILD'S DENTIST _____ PHONE _____

HOSPITAL OF CHOICE _____ PHONE _____

MEDICATION CHID IS ON _____

SPECIAL NEEDS OF CHILD _____

ALLERGIES AND CORRESPONDING REACTIONS _____

SPECIAL INTERESTS _____

I certify that the information on this application is true and correct and agree to notify Mrs. Irwin should this information change.

Signature of custodial parent/guardian

Date

**ADAMS CENTRAL ELEMENTARY SCHOOL
TERRI LAURENT
222 West Washington Street
Monroe, IN. 46772**

ENROLLMENT AGREEMENT

I consent to the enrollment of my child with the Adams Central Latchkey Program. I agree that the Childcare Program of Adams Central Schools shall not be held responsible in case of sickness or injury of my child while in attendance in the program or in transit to and from the program.

I understand that it is my responsibility to notify the program in a timely fashion of any changes in the information provided on this form.

I agree to pay the weekly fee in advance if requested and I will carry out the rules and regulations of the program and repay the school for any expense incurred caused by my failure to pick up my child on time.

I consent for the teacher and program supervisor to obtain from and give to the child's school teacher and principal information regarding the child when such information sharing is in the child's best interest, as perceived by any of the above parties.

Signature of custodial parent/guardian

Date

PERMISSION TO RELEASE CHILD TO A SIBLING

I give my permission for my child _____

to be released from the Latchkey Program to his/her older

brother/sister _____ Age _____.

They will be going home from the program by means of:

_____.

I understand that the Latchkey Program's liability for my
child (ren) ends when they are signed out from the center.

Signature of custodial parent/guardian

Date

Handbook Agreement Page

I have read and understand the Parent Handbook and agree to abide by the policies and procedures as stated.

Signature of Parent/Guardian

Date