

# Lakeland School Corporation

## Latchkey Registration

I am registering my child/ren for (please indicate number of students before each category):

\_\_\_\_\_ Morning Latchkey Only (6:00 AM – 8:00 AM)  
(Daily Rate of \$5 per Child)

\_\_\_\_\_ Afternoon Latchkey Only (3:00 PM – 5:30 PM)  
(Daily Rate of \$6.25 per Child)

\_\_\_\_\_ Both Morning and Afternoon  
(Daily Rate of \$11.25 per Child)

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

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Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Guardian's Name(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mom Cell Phone Number \_\_\_\_\_ Dad Cell Phone Number \_\_\_\_\_

Family email address: \_\_\_\_\_

Parent's Name(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Parent's Employer(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Parent's Work #(Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

**Emergency numbers to call during latchkey hours:**

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Number\_\_\_\_\_

Name\_\_\_\_\_ Relationship\_\_\_\_\_ Number\_\_\_\_\_

Please list any health conditions \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list any other authorized people that are allowed to pick-up your child/ren from latchkey. (If this happens, we would appreciate a note on that day.)

\_\_\_\_\_

\_\_\_\_\_

By signing below, you are agreeing to pay Lakeland School Corporation for before and/or after school care. An hourly rate of \$2.50 will be charged per student. Fees are due on a weekly basis. Failure to pay will result in the removal of your child/ children from the program.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

Participation is a privilege. Lakeland School Corporation has the right to restrict attendance due to student misbehavior.

**\*\*\*Latchkey hours and services are subject to change as participation varies.\*\*\***