

St. Mark's Lutheran School Latchkey Registration Form

Child's Name _____

Grade _____

Child's Social Security Number _____

Allergies _____ Food Allergies _____

Parent's Names _____

Address _____ Home Phone _____

City _____ Zip code _____

Father's Occupation _____ Phone _____

Mother's Occupation _____ Phone _____

Doctor _____ Phone _____

In case of an emergency, notify:

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

The following persons may pick up my child/children from Latchkey:

I do not wish the following person/persons to pick up my child/children:

Comments:

Parent's Signature _____ Date _____

Registration Fee (per family) _____