

2019-2020 LATCH KEY

ENROLLMENT FORMS

Please complete this section and return it along with the notarized Medical Release form to the Elementary Office. We have a Notary Public in the District Office to assist you with the completion of this form. Please feel free to contact our office at 265-2000 ext. 248 with any questions.

Parent Name(s) _____

Address _____ Phone # _____

Email Address(es) _____ Work # _____

Alternate/Emergency Contact _____
Name Phone Relationship

Number of children to be enrolled: _____

- | | | |
|------------------------|--------------|----------------|
| 1. Student Name: _____ | Grade: _____ | Teacher: _____ |
| 2. Student Name: _____ | Grade: _____ | Teacher: _____ |
| 3. Student Name: _____ | Grade: _____ | Teacher: _____ |
| 4. Student Name: _____ | Grade: _____ | Teacher: _____ |
| 5. Student Name: _____ | Grade: _____ | Teacher: _____ |

Please choose a program:

- Before School Program
- After School Program
- Both Sessions (before and after school)

Will your child be taking the late sports bus home from Latch Key at 4:15PM?

- Yes. Please note they will be riding with students in grades K-12.
- No. I will pick-up my child.

Will your child be eating breakfast at school?

- Yes. I understand their meal account will be charged accordingly.
- No. My child will eat at home.

Medical Concerns: (i.e. allergies, medication, etc.):

I agree to pay the enrollment fee according to the payment agreement approved in the District Office.

Signature _____ Date _____

2019-2020 LATCH KEY
MEDICAL RELEASE FORM

Emergency Medical Information, Consent, Authorization & Limited Power of Attorney

Name of Student: _____ DOB : _____

Parent Name(s): _____

Cell Phone: _____ Work Phone: _____

Alternate Emergency Contact: _____

Cell Phone: _____ Work Phone: _____

Duration of this Consent, Authorization & Limited Power of Attorney

From: _____ To: _____

Pursuant to Section 5-1502 (1) of the General Obligations Law of the State of New York, I, _____, do hereby consent, authorize, and give this Limited Power of Attorney to the designated alternate person indicated above to transport my child to the nearest appropriate medical care facility for the provision of medical examination and/or treatment, and I do further hereby consent, authorize and empower such designated alternate person to provide such consents and approvals as may be necessary in the event of any medical situation that may arise with or pertaining to my child during the period of time referenced above.

If the designated alternate person indicated above cannot be contacted for such purposes, I do hereby expressly give school officials/employees permission to transport my child for the foregoing purposes and I do further give my consent and approval to all medical care providers to administer such emergency treatment as shall be medically appropriate until such time as I can be contacted or otherwise located for these purposes.

DATED: _____

PARENT OR LEGAL GUARDIAN

STATE OF NEW YORK)
) SS:
COUNTY OF ST. LAWRENCE)

On this ____ day of _____, in the year _____, before me, the Undersigned, a Notary Public in and for said State, personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to within instrument and acknowledged to me that ____ he executed the same h_____ capacity, and that by h_____ signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC

FOR OFFICE USE ONLY

Date Received: _____

Program Selected:

- Morning Only
- Afternoon Only
- Both Sessions

Qualifies for Free/Reduced Rate

- Yes
- No

Number of children attending: _____

PAYMENT INFO

Fall Program Cost: _____

Spring Program Cost: _____

Total Program Cost: _____

Amount Paid: _____

Date: _____

Payment Type:

- Cash
- Check # _____
- Payment Plan with Business Office

Fall Balance Remaining: _____

Date: _____

Spring Balance Remaining: _____

Date: _____

Other: _____

Entered by: _____