

ALLEN PARK PUBLIC SCHOOLS LATCHKEY REGISTRATION

Date: _____

Child's Name _____ Male _____ Female _____
Last First
 School _____ Grade _____ Date of Birth _____

Child's Name _____ Male _____ Female _____
Last First
 School _____ Grade _____ Date of Birth _____

Child's Name _____ Male _____ Female _____
Last First
 School _____ Grade _____ Date of Birth _____

Parent Information

| MOTHER | FATHER |
|---|---|
| Name: | Name: |
| Address: | Address: |
| City: Zip: | City: Zip: |
| Cell Phone: | Cell Phone: |
| Work Phone: | Work Phone: |
| Email: | Email: |

Name of person responsible for payment of tuition _____

PROGRAM INFORMATION

| | Child's Name | AM | PM | Both | | 3 Day | 4 Day | 5 Day |
|--|--------------|----|----|------|--|-------|-------|-------|
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

Has or will your child receive any special education services or programs at school? Yes _____ No _____

If yes, please explain _____

PRESCHOOL PARENTS: Please list the preschool program your child is signed up for _____

Registration Fee: \$ _____ Cash _____ Check # _____

Received by _____

REGISTRATION FEE IS NON REFUNDABLE. ALL ACCOUNTS MUST BE UP TO DATE FOR THIS REGISTRATION TO BE EFFECTIVE.