

We fly
Elmer
Danka



Public School 3

We soar We achieve
Myers, Principal
Danielle Papa-McDonagh, Assistant Principal
Amtzis, Assistant Principal

LATCHKEY APPLICATION

Please fill out a separate application for each child and indicate if this is an application for:

1st child _____ 2nd child _____ 3rd child _____

Name of Student: _____
Last Name First Name

Home Address: _____
Street City/State Zip

Phone Number: _____
Home Cellular

NOTE: IF YOUR CHILD HAS ANY MEDICAL CONCERNS, PLEASE ATTACH A NOTE TO THE APPLICATION FORM EXPLAINING THE CONDITION AND PHYSICAL LIMITATIONS.

PLEASE ACCEPT MY CHILD _____ OF CLASS _____ INTO THE PUBLIC SCHOOL 3 LATCHKEY PROGRAM.

***HEALTH ALERTS _____

**Date child will start _____ PARENT'S SIGNATURE

PARENT OR GUARDIAN INFORMATION

Mother's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____

Business Address _____ Work # _____

Father's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____

Business Address _____ Work # _____

Guardian's Name _____ Home Phone _____

Place of Employment _____ Cellular # _____

Business Address _____ Work # _____

***In an emergency should the Latchkey Program be cancelled please indicate the following:

My child is a _____ WALKER _____ BUS-BUS STOP _____ BUS COLOR _____
_____ SHUTTLE ****T-SHIRT SIZE _____

*****On HALF DAYS my child will be a WALKER OR BUS*****
EMERGENCY CONTACT PERSONS OR DESIGNEE

1. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____

2. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____

3. Name _____ Relationship to Child _____
Address _____ Phone/Cell # _____

