

**FRANKLIN LOCAL SCHOOL DISTRICT**

**S.K.I.L.L.**

**Safe Kids In Local Latchkey**

**REGISTRATION FORM**

Child's Name \_\_\_\_\_ **Boy** \_\_\_\_\_ **Girl** \_\_\_\_\_  
(First) (Middle) (Last)

Address \_\_\_\_\_  
(Street) (City) (Zip Code)

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_  
(2018-19 school year)

Mother's Name \_\_\_\_\_ Address \_\_\_\_\_

Mother's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
(if different than student's)

Father's Name \_\_\_\_\_ Address \_\_\_\_\_

Father's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_  
(if different than student's)

**IF CHILD DOES NOT LIVE WITH BOTH PARENTS, PLEASE FILL OUT GUARDIAN INFORMATION BELOW:**

Legal Guardian \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Guardian's Place of Employment \_\_\_\_\_ Phone \_\_\_\_\_

**EMERGENCY CONTACTS IF NEITHER PARENT IS AVAILABLE:**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

3. Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List and explain any physical defects or illnesses that will limit your child's activities. If NONE, please state  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List and explain any medication your child is taking \_\_\_\_\_  
\_\_\_\_\_

List all allergies and/or diet restrictions and any special precautions or treatment for these allergies/diet  
restrictions \_\_\_\_\_  
\_\_\_\_\_

Is there anything about your child that the Latchkey staff needs to know to better understand your child?  
\_\_\_\_\_  
\_\_\_\_\_

**LATCHKEY OFFICE ONLY**  
Application received \_\_\_\_\_  
Amt. Pd. \_\_\_\_\_ Ck# \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature Date

