

Registration Number _____

2017-18 Plain City Elementary Latchkey Application Form

Application needs to be completed for each child

Student Name: _____

Parent/Guardian Name(s): _____

Address: _____ Zip Code: _____

Phone Number(s): _____

Preferred E-mail Address: _____

(Communication over the summer will be in the form of email)

Grade Entering (please Circle) K 1 2 3 4 5

Latchkey Schedule (please circle): **Operating Hours: 6:30-8:30 am & 3:30-6:00 pm**

Full-Time (4-5 days)

(AM-\$51, PM-\$66, AM/PM-\$83)

Part-Time (1-3 days)

(AM-\$33, PM-\$42, AM/PM-\$51)

Morning: M T W Th F

Morning: M T W Th F

Afternoon: M T W Th F

Afternoon: M T W Th F

Parent Signature: _____ Date: _____

OFFICE USE ONLY

Application Fee (Due at Orientation Night in August)

_____ \$25 New Student Form of Payment: Check# _____ Credit Card on File _____

_____ \$10 Returning Student Form of Payment: Check# _____ Credit Card on File _____