

Hosanna-Tabor Lutheran School
Latchkey Program
Enrollment and Physical Release Form
(One Child Per Form)

Section 1: Enrollment

Name of Child: _____ Birth date: _____

Address: _____

Age and Grade in 2007-2008 school year: _____

When you will be using the program? M Tu W Th F Daily As Necessary

Projected time of parent arrival after school: _____

Please list any health related problems or medications required by your child:

Please list anything else that should be known about your child:

Section 2: Physical Release

Date of last physical: _____

My child, _____, continues to be in good general health.
He/she is able to participate in all Latchkey activities. There are no physical limitations.

Please print your name and sign below to verify that all information given above is accurate and complete.

Printed name: _____

Parent signature: _____ Date: _____