

LATCHKEY PROGRAM 2014-2015 EMERGENCY INFORMATION CARD

(please print with ink)

Student's Information

Student's Name _____	Grade _____
Address _____	
City _____	Telephone (____) _____

Mother's Information

First Name: _____
Last Name: _____
CONTACT INFORMATION
Office: (____) _____
Mobile: (____) _____
Email: _____

Father's Information

First Name: _____
Last Name: _____
CONTACT INFORMATION
Office: (____) _____
Mobile: (____) _____
Email: _____

CHECK OPTION BELOW AND SIGN

<input type="checkbox"/> I request that my child be permitted to walk home, and give him/her permission to be released at the end of each school day
<input type="checkbox"/> I request that my child only be released to the person(s) named below at dismissal each day of the school year:
NAME: _____ RELATIONSHIP TO STUDENT: _____
PHONE #1: (____) _____ PHONE #2: (____) _____
NAME: _____ RELATIONSHIP TO STUDENT: _____
PHONE #1: (____) _____ PHONE #2: (____) _____
PLEASE NOTE: You or your designee MUST be at school at the time of dismissal to pick up your child. This policy is not intended as an after-school supervision program. If the designated person does not arrive to pick up my child at dismissal time, I or my designee will be called to come to school immediately to bring my child home. I understand that if nobody comes to pick up my child at the designated time, then the Rochelle Park Police Department will be contacted.
_____ Parent/Guardian Signature

CHECK OPTION(S) BELOW AND INITIAL

<input type="checkbox"/> I wish to be called at home in case of emergency school closing (not due to weather)
<input type="checkbox"/> I give consent for my child to be photographed while participating in school activities. I understand that the photographs may appear in one or more of Rochelle Park's Publications
_____ Parent/Guardian Initials