

LATCH-KEY PROGRAM PRE-REGISTRATION FORM
2009-2010

NAME _____ GRADE _____

NAME _____ GRADE _____

NAME _____ GRADE _____

ADDRESS _____

HOME PHONE # _____ WORK PHONE # _____

PLACE A CHECK MARK BY THE DESIRED PROGRAM

Full time/Monday through Friday/AM & PM _____

Full time/Monday through Friday/AM ONLY _____

Full Time/Monday through Friday/PM ONLY _____

Part Time/AM and PM _____

Part Time AM _____ PM _____

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