

# TIGER LATCHKEY CLUB

Date: \_\_\_\_\_

## TIGER LATCHKEY CLUB INFORMATION SHEET

CHILD'S LEGAL NAME \_\_\_\_\_

NAME CHILD SHOULD BE CALLED AT SCHOOL? \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_ AGE \_\_\_\_\_ SEX M OR F

HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

NAME OF MOTHER OR GUARDIAN \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME OF FATHER OR GUARDIAN \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_ PHONE: \_\_\_\_\_

CHILD'S GRADE LEVEL: \_\_\_\_\_ TEACHER: \_\_\_\_\_

### EMERGENCY NAMES AND PHONE NUMBERS

(We will begin with the names and numbers above, unless stated otherwise.)

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

NAME: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

### NAMES OF PEOPLE WHO MAY/MAY NOT PICK UP MY CHILD:

MAY: \_\_\_\_\_ MAY NOT: \_\_\_\_\_

CHILD'S PHYSICIAN: \_\_\_\_\_ PHONE: \_\_\_\_\_

HEALTH CONCERNS WE SHOULD BE AWARE OF: \_\_\_\_\_

CHILD'S INTERESTS: \_\_\_\_\_