



Educational Service Center of the Western Reserve
Latchkey

Student Information:

First Name Middle Name Last Name

Address:

D.O.B. Age Student lives with (circle): Mother Father Other (indicate)

Home School District: Student ID #

Parent/Guardian Information:

Parent/Guardian 1:

First Name Last Name

Address:

Home Phone # Cell Phone # Work # (Circle preferred #)

Email Address: Preferred Method of Communication:

Preferred Time of Day to be reached:

Parent/Guardian 2:

First Name Last Name

Address:

Home Phone # Cell Phone # Work # (Circle preferred #)

Email Address: Preferred Method of Communication:

Preferred Time of Day to be reached:

By signing below, I certify all the information in this Educational Service Center of the Western Reserve preschool enrollment packet is true and correct to the best of my knowledge.

X Parent/Guardian Signature Date