

KEY TAG ORDER FORM

Child's Name: _____

Classroom and teacher: _____

Quantity of cards: (please circle) 1 or 2

Total Amount due: _____

Card #1:

Cardholder's name: _____

Relationship to child: _____

Cardholder's Signature: _____

Card #2:

Cardholder's name: _____

Relationship to child: _____

Cardholder's Signature: _____

By signing this form I resume full responsibility for my key tag. In case of lose or misplacement I will notify the center IMMEDIATELY so they can deactivate the card issued. I understand that if the card is lost or misplaced I will have to pay a fee of \$15/card to be replaced.

Office use only.

Initials of activator: _____

Date activated: _____

Card #1:

Issued on: _____

Number given: _____

Replaced on: _____

New number given: _____

Card #2:

Issued on: _____

Number given: _____

Replaced on: _____

New number given: _____

Form of payment:

Check

Check #: _____

Money Order

Money Order #: _____

Credit Card

MC Visa