

Key Fob Request Form - CrossWays Preschool

Parent/Caregiver request

8:30am-3:30pm/M-F

Child Name _____

Name (First) _____ (Last) _____

Street Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____

Email address _____

Signature _____

I HAVE READ THIS DOCUMENT AND AGREE TO THE TERMS OF REPLACEMENT AS IDENTIFIED

OFFICE USE ONLY—

Fob fee (\$25) pd _____ Fob ID (office) _____

1st Replacement fob (\$25) date requested _____ Fob fee pd _____

Fob ID (office) _____

2nd Replacement fob (\$50) date requested _____ Fob fee pd _____

Fob ID (office) _____

*subsequent request for replacement fobs increases cost by \$25 to max of \$75

Date programmed _____ Date returned _____