

**ST. BERNADETTE SCHOOL LATCHKEY PROGRAM
REGISTRATION FORM
2017-2018**

PLEASE PRINT

Child #1 _____ Grade/Homeroom _____ DOB _____

Child #2 _____ Grade/Homeroom _____ DOB _____

Child #3 _____ Grade/Homeroom _____ DOB _____

Mother's Name _____ Custodial/Parent _____ Yes _____ No _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Father's Name _____ Custodial/Parent _____ Yes _____ No _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

Please Note: The fee schedule for the St. Bernadette School Latchkey Program for Pre-Registered is as follows:

Tentative Pricing: Before School Program (6:30 - 7:30) \$2.00 for 20 minutes, 2nd child is \$1.00 for 20 minutes
After School Program (3:00 - 6:00) \$2.00 for 20 minutes, 2nd child is \$1.00 for 20 minutes

No family may use the services of this program unless they are registered and their account is current (30 day max). Registered families will have access to this program on an as-needed basis.

In case of accident or illness, I request the school to contact me first. If the school is unable to reach me, I hereby authorize the school to contact the following people to pick up my child (ren) and make any decision necessary for the welfare of my child (ren).

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____

Remarks _____

Allergies _____

Special Health Conditions _____

**I HEREBY AGREE TO THE ABOVE CONDITIONS RELEVANT TO ENROLLING MY CHILD (REN) IN
THE ST. BERNADETTE LATCHKEY PROGRAM FOR THE 2017-2018 SCHOOL YEAR.**

Signature of Parent or Guardian _____ **Date** _____

LATCH KEY PICK-UP AUTHORIZATION FORM

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

Child's Name: _____ Grade: _____

The person/persons who will normally be picking up your child:

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

On occasion, there will be times that you may need someone else to pick up your child/ren. Please let us know of all people that are authorized to pick your child/ren. Please advise them that will need to bring a photo id to pick up your child/ren.

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

Name: _____ Phone: _____/_____ Relationship _____

If at any time, someone needs to be added or deleted from this list, it must be done in writing to ensure the utmost safety of the children.

Signature of Parent or Guardian _____ Date _____