

**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, 2<sup>nd</sup> child is \$1.00 for 20 minutes  
After School Program (3:00 - 6:00)                      \$2.00 for 20 minutes, 2<sup>nd</sup> 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 \_\_\_\_\_

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**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 \_\_\_\_\_