ST. BERNADETTE SCHOOL LATCHKEY PROGRAM
REGISTRATION FORM
(Registration Fee $25 per family)

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_____

Email

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

Pricing: After School Program (3:00 – 6:00)
$10.00 flat rate/child for 1st hour. 2nd and 3rd hours = $2.00 per each 15 minute increment for each child.

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_____

Allegies_____

Special Health Conditions_____

**I HEREBY AGREE TO THE ABOVE CONDITIONS RELEVANT TO ENROLLING MY CHILD (REN) IN
THE ST. BERNADETTE LATCHKEY PROGRAM.**

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 _____