



ST. FRANCIS XAVIER LATCHKEY REGISTRATION FORM

Family Last Name: _____ Number of Children in Latchkey _____

Parent's names: Father: _____ Mother: _____

Father's phone: _____ Mother's phone: _____

Address: _____

Emergency contact: _____ Emergency phone: _____

Preferred e-mail address: _____

Child's Name: _____ Grade: _____ Room: _____

Child's Name: _____ Grade: _____ Room: _____

Child's Name: _____ Grade: _____ Room: _____

Health concerns or allergies: _____

Full Time M-F AM and PM _____ M-F AM Only _____ M-F PM Only _____ As Needed _____

Custom Schedule: _____

If not at Latchkey, my child(ren) get home after school by Car: _____ Bus: _____ Bus #: _____

We give permission to the staff of SFX Latchkey to provide first aid to our child/children for minor bumps, bruises, skinned knees, splinters, bee stings, bug bites and bloody noses. We may use antibiotic ointment, ice, or band aides. IN CASE OF A MORE SERIOUS INJURY, THE PARENTS WILL BE NOTIFIED IMMEDIATELY.

_____(Initial)

I am aware latchkey opens at 6:30 AM and closes at 6:00 PM _____ (Initial)

We have read the handbook and have reviewed the behavior expectations with our child(ren). _____(Initial)

We will only release your child/children to adults given prior approval. Authorized Adults that are not parents:

Name: _____ phone# _____

Name: _____ phone# _____

Is there anyone NOT authorized to pick up your children? _____

Parent's or Guardian's signature _____ Date _____

I am submitting \$35.00 for 1 child registration _____ I am submitting \$50.00 for family registration _____