

# St. Paul's School Latchkey Registration Packet

Date \_\_\_\_\_

Child's Name (Last, First) \_\_\_\_\_ Nickname \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender (circle) Male Female

Grade in School (August) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_ Phone # (330) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Employment \_\_\_\_\_ Work # \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Please list special information, medication, allergies, etc. \_\_\_\_\_

In case of an emergency, list 2 persons to contact (if you are unavailable) \*\*Driver's license number is required for pick-up.

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

Please list all persons who are permitted to pick-up your child. (Please include yourself)

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ License # \_\_\_\_\_

**Registration Fee of \$15.00 per child is due with Registration Packet.**

**Registration Fee of \$15.00 per child is due with Registration Packet.**

Please check the appropriate program:

- 4-5 days per Week \$50.00/wk per child  
\$40.00/wk per child (if 2<sup>nd</sup>, 3<sup>rd</sup>, or 4<sup>th</sup> child in same family)
- 2-3 Days per Week \$35.00/wk per child
- Hourly-Drop In Schedule (For those who are only 1 day per week and if space permits)  
\$5.00/hour per child
- Parent's Night Out Only (Sign-up is separate.)

What days do you need supervision? (Please Circle)

Monday      Tuesday      Wednesday      Thursday      Friday

I understand these policies must be followed to ensure that the program runs smoothly.

- My child must be picked up by 6:00 P.M. or a **\$5.00 late charge will be charged per each 15 minutes late.**
- Tuition is due by the 10<sup>th</sup> of each month or weekly. **A \$5.00 late fee per week per child will be charged.**
- Children must be picked up by designated adult on child's registration and signed out in the school office.
- Parents are responsible for contacting the Director when your child is not attending Latchkey.

I also agree to pay in advance for the program that I have signed my child up for even if I choose not to send him/her for every day of their program scheduled.

Person(s) responsible for payment: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date