

**ST. FRANCIS XAVIER LATCHKEY REGISTRATION FORM**

Child's first and last name: \_\_\_\_\_ Grade level: \_\_\_\_\_

Teacher's name: \_\_\_\_\_ Room # \_\_\_\_\_

Parent's names: Father: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Emergency phone: \_\_\_\_\_

Mother's cell phone: \_\_\_\_\_ Mother's work phone \_\_\_\_\_

Father's cell phone: \_\_\_\_\_ Father's work phone \_\_\_\_\_

Family e-mail address: \_\_\_\_\_

Health concerns (allergies, chronic illness) \_\_\_\_\_

Form of transportation home if child/children do NOT attend latchkey: Bus \_\_\_\_\_ Car Rider: \_\_\_\_\_

If bus, what bus would they be taking \_\_\_\_\_

Approximate drop off time if using morning session: \_\_\_\_\_

Is there anyone who is NOT authorized to pick up your child/children due to court order or other personal reasons? \_\_\_\_\_

Main person picking up your child/children \_\_\_\_\_

Approximate pick up time in the evening? \_\_\_\_\_ I am aware latchkey closes at 6:00 \_\_\_\_\_ (Initial)

***We will be happy to release your child/children to any adult given prior written or verbal approval. Authorized person must show driver's license at pick up.***

Permission is given to the staff of SFX Latchkey to provide first aid to your child/children for minor bumps and bruises, skinned knees, splinters, bee stings, bug bites and bloody noses. We may use antibiotic ointment, ice, band aides and/or compression. IN CASE OF A MORE SERIOUS INJURY, THE PARENT WILL NOTIFIED IMMEDIATELY. \_\_\_\_\_(Initial)

In the rare event of a serious emergency, 911 will be called and a member of the SFX Latchkey staff will accompany your child/children to the hospital. \_\_\_\_\_ (Initial)

We have read the parent handbook and are familiar with the policies. \_\_\_\_\_(Initial)

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

Full time AM and PM \_\_\_\_\_ Part Time AM only \_\_\_\_\_ Part time PM only \_\_\_\_\_ As needed \_\_\_\_\_