



ST. FRANCIS XAVIER LATCHKEY REGISTRATION FORM 2023 -2024

Family Last Name: _____ Number of Children in Latchkey _____

Parent's names: Father: _____ Mother: _____

Address: _____

Home phone: _____ Emergency phone: _____

Mother's cell phone: _____ Father's call phone _____

Preferred e-mail address: _____

Child's Name: _____ Teacher/Room # _____

Child's Name: _____ Teacher/Room # _____

Child's Name: _____ Teacher/Room # _____

Health concerns (continue on back if needed) _____

Full Time AM/PM _____ Part Time AM Only _____ Part Time PM Only _____ As Needed _____

Approximate drop off time if using AM session: _____ Approximate pickup time in PM? _____

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 aids. IN CASE OF A MORE SERIOUS INJURY, THE PARENTS WILL BE NOTIFIED IMMEDIATELY.

_____ (Initial)

I am aware latchkey closes at 6:00 _____ (Initial)

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

Parent or Guardian's signature _____ Date _____

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