

**St. Joseph School
Latch-key Program**

Registration Form

Child / Children Names _____

Ages _____ Grades _____

Mother's Name _____ Work # _____

Father's Name _____ Work# _____

Address _____ Home# _____

Names of Persons other than yourself permitted to pick up your
child/children: _____

Please note any medical or dietary requirements:

Please specify the hours you need to use the latch-key program each day
(example: 2:45-6:00)

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

I have read, understand and agree to abide by the fee policy.

Parent signature _____ Date _____