

ST. VERONICA SCHOOL LATCHKEY PROGRAM
REGISTRATION FORM
2008-2009

For information call the school office (513) 528-0442
During latchkey hours contact ((513) 404-1993

PLEASE PRINT

Child #1 _____ Grade/Homeroom _____ DOB _____

Child #2 _____ Grade/Homeroom _____ DOB _____

Child #3 _____ Grade/Homeroom _____ DOB _____

Mother's Name _____ Custodial Parent _____ Yes _____ No

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Alternate Phone _____

Father's Name _____ Custodial Parent _____ Yes _____ No

Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Alternate Phone _____

PLEASE NOTE: The fee schedule for the St. Veronica Latchkey Program are as follows:

- | | | |
|--|--------------------|--|
| 1. Registration fee | \$25.00 per family | Prices are subject to change
without notice |
| 2. Before School Program (7:00-8:00am) | \$3.00 per hour | |
| 3. After School Program (3:00-6:00pm) | \$3.00 per hour | |

No family may use the services of this program unless they are registered. Registered families will have access to this program on an as-needed basis.

In case of accident or illness, I request the school to contact me first. If the school is unable to reach me, I hereby authorize the school to contact the following people to pick up my child(ren) and make any decision necessary for the welfare of my child(ren).

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Name _____ Phone _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____

Remarks _____

Allergies _____

Special Health Conditions _____

**I HEREBY AGREE TO THE ABOVE CONDITIONS RELEVANT TO ENROLLING MY CHILD(REN) IN THE
ST. VERONICA LATCHKEY PROGRAM FOR THE 2008-09 SCHOOL YEAR.**

Signature of Parent or Guardian _____ **Date** _____