

SAINT PETER LATCHKEY PROGRAM

Please fill out this application completely. Accurate information is necessary so that we may best serve your child. Please notify us of any changes.

Family name _____ Mother _____ Father _____

Address _____ City _____

State _____ Zip Code _____ Phone Number _____

Marital Status _____ Who is the child's Legal Guardian? _____

Child's name _____ Nickname _____ Birthdate _____ Grade _____

Child's name _____ Nickname _____ Birthdate _____ Grade _____

Child's name _____ Nickname _____ Birthdate _____ Grade _____

VERY IMPORTANT!

What date will your child begin in the Latchkey Program? _____
(month, day, year)

Hours of care needed: Both before and after school _____
Before school only _____
After school only _____
Other-please indicate _____

Mother's employer _____ Address _____

Telephone number _____ Work hours _____ to _____

Cell Phone number _____

Father's employer _____ Address _____

Telephone number _____ Work hours _____ to _____

Cell Phone number _____

E-mail address _____

There is a \$50.00 per family non-refundable materials fee for the Latchkey Program. Payment is due upon registration.