

**St. Augustine K – 8 Latchkey Program  
Registration Form  
Fall 2009 - Spring 2010**

Parent/Guardian (Last, First): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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**PLEASE CIRCLE MORNING OR AFTERNOON PROGRAM FOR EACH CHILD**

Child's Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Monday:** AM /PM **Tuesday:** AM /PM **Wednesday:** AM/ PM **Thursday:** AM/PM **Friday:** AM / PM

Child's Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Monday:** AM/PM **Tuesday:** AM/PM **Wednesday:** AM/PM **Thursday:** AM/PM **Friday:** AM / PM

Child's Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Monday:** AM/PM **Tuesday:** AM / PM **Wednesday:** AM / PM **Thursday:** AM / PM **Friday:** AM / PM

Child's Name (Last, First): \_\_\_\_\_ Grade: \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Monday:** AM / PM **Tuesday:** AM / PM **Wednesday:** AM / PM **Thursday:** AM / PM **Friday:** AM / PM

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**Registration Qualifications**

1. Child must be enrolled at St. Augustine School in grades K - 8 to participate in the Latchkey Program. The Program is **not** licensed for preschool children.
2. Payments must be made prior to scheduled dates of care, on either the 1<sup>st</sup> or 16<sup>th</sup> of the month.
3. Late fees must be paid prior to child's return to Latchkey.

**Pricing and Payment Terms and Conditions:** Registration fee of \$25.00 is charged annually. The fee is due with the initial registration, and is nonrefundable.

**Registration Fee:** \$25.00 per family per school year  
**Late Pickup Fee:** \$ 5.00 per child for every 10 minutes

<b>Daily Rates</b>			Rate x Days = Total
First Child:	6:15 a.m. – 7:45 a.m.	\$ 5.00	_____ x _____ = _____
	3:00 p.m. – 4:30 p.m.	\$ 5.00	_____ x _____ = _____
	3:00 p.m. – 6:00 p.m.	\$10.00	_____ x _____ = _____
Second Child:	6:15 a.m. – 7:45 a.m.	\$ 4.00	_____ x _____ = _____
	3:00 p.m. – 4:30 p.m.	\$ 4.00	_____ x _____ = _____
	3:00 p.m. – 6:00 p.m.	\$ 9.00	_____ x _____ = _____
Each Additional Child:	6:15 a.m. – 7:45 a.m.	\$ 3.00	_____ x _____ = _____
	3:00 p.m. – 4:30 p.m.	\$ 3.00	_____ x _____ = _____
	3:00 p.m. – 6:00 p.m.	\$ 8.00	_____ x _____ = _____
Weekly Total:			\$ _____

### Financial Agreement

I have registered my child for the days/sessions listed above. I understand that I am responsible for this schedule unless I put in a schedule change by the 20<sup>th</sup> of the month before the month this change occurs. When I receive a copy of the Latchkey regulations, I agree to comply with them.

\_\_\_\_\_  
 Parent Signature

\_\_\_\_\_  
 Date

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### For Office Use Only

Annual Registration Fee: \$ \_\_\_\_\_

First Two Weeks'/Month's Fee: \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Date Received: \_\_\_\_\_

Method of Payment: Cash \_\_\_\_\_

Check # \_\_\_\_\_