



2018-2019
 Divine Mercy Catholic School
 School Age Childcare Registration

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|----------------------------|
| <u>For Office Use Only</u> |
| \$25 Registration Fee |
| _____ Paid |
| Check # _____ Cash |

Family Name _____ Home Phone _____

Address _____ City, State, Zip _____

Mother's Place of Employment _____

Work Phone _____ Cell/Pager _____

Father's Place of Employment _____

Work Phone _____ Cell/Pager _____

Child is in the custody of: ♦ Mother ♦ Father ♦ Both Parents ♦ Other

Child's Name _____ Homeroom _____ Birth date _____

Child's Name _____ Homeroom _____ Birth date _____

Child's Name _____ Homeroom _____ Birth date _____

Persons who can be contacted in an emergency and assume responsibility for child/ren if the parent cannot be reached. These individuals are also authorized to pick up the child/ren. **(Please note validation of identity will be required, e.g. driver's license, etc.)**

Name _____ Phone _____
 Address _____ Relation to Child _____

Name _____ Phone _____
 Address _____ Relation to Child _____

Name _____ Phone _____
 Address _____ Relation to Child _____

Physician/Clinic Name _____ Phone _____
 Address _____ Hospital _____

Please list any medical conditions that Latchkey Staff will need to be aware of, e.g. allergies, asthma, etc.

Child's Name _____ Condition _____
 Child's Name _____ Condition _____

I understand that fees are due as stated per agreement. I understand that it is my responsibility to immediately report any changes to the information provided above.

Mother's Name _____ Mother's Signature _____
 Father's Name _____ Father's Signature _____