$25 Registration Fee 2020-2021

Divine Mercy Catholic School Age Childcare

For Office Use Only:

_____ Paid Registration __________Check # _________Cash ____________Date

Family Name ____________________________________ Home Phone ________________

Address ______________________________________ City, State, Zip ________________

Mother's Place of Employment ____

Work Phone ____________________________ Cell_________________________________

Father's Place of Employment ____

Work Phone ____________________________ Cell__________________________________

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 ____________________

Please complete the back of this form

Physician/Clinic Name __________________________ Phone _______________________________ Address

______________________________________ Hospital ____________________________

Dentist/Clinic Name __________________________ Phone _______________________________ Address

______________________________________ Hospital ____________________________

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

Child's Name ________________________

Condition:

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Child's Name ________________________

Condition:

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Child's Name ________________________

Condition:

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