



# Divine Mercy Catholic School Latchkey Registration 2009-2010

<b>Office use only:</b> Date: _____ \$10.00 Registration Fee <input type="checkbox"/>
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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 \_\_\_\_\_