

St. Margaret School Latch Key Program Registration Form 2010-2011 School Year

(Please fill out one form per child.)

Please return this form with the **\$15.00 (PER FAMILY) Registration Fee- (payable to St. Margaret's Latch Key)** to:
Mrs. Paula Wiest, 210 Haegele Place, Mount Royal, NJ 08061

TIME OF PICK UP: _____ (approximate) **Attending First 3 Half days of school: Yes No- If yes, Which day(s)** _____

Do you want your child to work on their homework while at Latch Key? Yes No Any special instructions or requests?

Please Circle: Days Child Will Be Attending: **M T W TH F** Attending Most Half Days: **Yes No**

Child Information(one per child) Name: _____ **Grade/Class: (ex 2A, 6B)** _____

Home Address: _____

Allergies of Child: _____

Medications: _____

Parent Information:

EMAIL ADDRESS:

Mother's Name: _____

Address: If different from above: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Father's Name: _____

Address: If different from above: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contact Information: (must be within 15 minutes of the school and able to pick up the child)

Name: _____ **Phone Number:** _____

Name or Person(s) that the child is allowed to leave with OTHER THAN PARENTS : (continue on back if necessary)

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____