

St. Margaret School Latch Key Program Registration Form 2018-2019 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)

Via mail or thru your child to: St. Margaret Regional School 773 Third Street Woodbury Hts., NJ 08097

TIME OF PICK UP: _____ (approximate) **Please Circle Days Child Will Be Attending:** M T W TH F

Attending Most Half Days: Yes ___ No ___ Do you want your child to work on their homework while at Latch Key? Yes ___ No ___

Any special instructions or requests: _____

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: _____

****You must have an emergency contact who is able to pick up the child(ren) within 15 minutes. Thank you.****