

## LATCHKEY (AFTER SCHOOL) REGISTRATION FORM

Please enter your child's grade for 2026 - 2027

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent's Names: \_\_\_\_\_  
Mom (Cell #): \_\_\_\_\_ Mom (work #): \_\_\_\_\_  
Dad (Cell #): \_\_\_\_\_ Dad (work #): \_\_\_\_\_  
E-mail Address: \_\_\_\_\_, \_\_\_\_\_

In case of accident or illness and you cannot be reached; whom should we call?

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

The following people are authorized to pick up my children on my behalf:

1. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
2. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_  
3. \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

If anyone other than the people listed above will be picking up, a written note must be given!

Is there any additional information we should know? (Allergies, medical information, etc)

\_\_\_\_\_  
\_\_\_\_\_

I wish to enroll my child in the Latchkey (After School Program). I understand that my children must be picked up by 6:00 p.m. I understand that there is a \$5.00 fee for every 5 minutes beyond that time. It is to be paid IMMEDIATELY.

**Non-Refundable Registration Fee:** \$25.00 per child due with form

### **Fees**

\$15.00 per day from 2:30-4:00 per child

\$20 per day from 2:30-5:00 per child,

\$25 per day from 2:30-6:00 per child

**ST. MICHAEL LATCHKEY (AFTER SCHOOL PROGRAM)  
 INFORMATION REGARDING LEGAL CUSTODY  
 MUST BE COMPLETED**

Children's names: \_\_\_\_\_ Date: \_\_\_\_\_

|                     |       |                              |
|---------------------|-------|------------------------------|
| Children live with: | _____ | Both natural parents         |
|                     | _____ | natural father, step-parent  |
|                     | _____ | natural mother, step-parent  |
|                     | _____ | only mother                  |
|                     | _____ | only father                  |
|                     | _____ | grandparents w/legal custody |
|                     | _____ | relative w/legal custody     |

Residential parent/guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is there a court order (or pending order) affecting custody/residency of children?  
 Yes/No

Please attach a certified copy of the page of the court decision bearing the case number and those sections referring to visitation rights and contact with the school. Also, include the page bearing the judge's signature and court seal. This copy should include all modifications made as of the date of the registration of the child in school. It is also the responsibility of the parents to inform the Student Services Director of any subsequent modifications during the child's tenure at the school.

**IF THE SCHOOL OFFICE HAS THE ABOVE COPY, YOU MAY ASK THEM TO XEROX IT AND SEND IT TO THE STUDENT SERVICE DIRECTOR.**

Non-residential (custodial) parent:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Is the non-custodial parent allowed to pick child up from Latchkey? \_\_\_\_\_

**LATCHKEY  
PAYMENT AUTHORIZATION**

Child's Name: \_\_\_\_\_ Child's Name: \_\_\_\_\_

\_\_\_\_\_ Debit the account that is on file for 2026 – 2027 tuition payments.

\_\_\_\_\_ Debit the account included on the attached voided check.

**Fees**

**\$15.00 per day from 2:30-4:00 per child**

**\$20 per day from 2:30-5:00 per child**

**\$25 per day from 2:30-6:00 per child**

Everyone utilizing St. Michael After School program authorizes the Direct Debit of their account the amount owed to the program for services rendered on the 2nd and 4th Monday of each month. If you do not submit a VOIDED check, the Direct Debit will be charged against the checking account used to pay your family's monthly tuition fee. This form will need to be filled out each school year.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRATION FEE**

\_\_\_\_\_ I have submitted a check/cash for \$25 for each child attending aftercare.

\_\_\_\_\_ Please debit my account on file for the \$25 registration fee for each child attending aftercare. Debit will occur on the first pull in August 2026.