



**St. Lawrence**  
CATHOLIC SCHOOL

## Latchkey Registration & Policy Agreement

Name of Parent(s): \_\_\_\_\_ School Year: 2023-2024

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

Home Phone: \_\_\_\_\_ Mom Cell/Work: \_\_\_\_\_ Dad Cell/Work: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom\*: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom\*: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom\*: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom\*: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Homeroom\*: \_\_\_\_\_

*\*Please leave homeroom blank if unknown at this time.*

Please indicate with a check mark below the days/times you will most likely be using our program.

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

- We, the undersigned, have read the attached copy of the St. Lawrence Latchkey Policy and Program Guide. We reviewed the information and discipline procedures with our child(ren). We agree to follow the policies and guidelines as outlined in this attachment.
- By signing this form, I am also agreeing that my child is in good health.

Parent's Signature: \_\_\_\_\_

*For office use only.*

Registration Date: \_\_\_\_\_ Fee: \$50 Paid (circle): Cash or Check # \_\_\_\_\_

Received By: \_\_\_\_\_