St. Augustine Latchkey Program
Registration Form
2018 – 2019 School Year

Parent/Guardian (Last, First): _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Child's Name (Last, First): _____

Date of Birth: _____ Grade: _____ Gender (M/F): _____

Registration Qualifications

1. Child(ren) must be enrolled at St. Augustine School in grades Pre-K through 8 to participate in the Latchkey Program.
2. Registration fee of $35.00 is charged annually **per family**. The **fee is due with the completed registration form**, and is non-refundable. Fees for care will be invoiced at the end of each month and payment is due 7 days after receipt of invoice.
3. Any outstanding Latchkey fees in excess of 30 days will automatically be applied to your FACTS account. If you do not have a FACTS account, your child will not be allowed to utilize our Latchkey Program until your balance is resolved or a payment plan authorized by the principal is in place.
4. (Optional) I authorize all Latchkey fees to be applied to my FACTS account during the 2018-2019 school year.

_____ _____

Parent Signature   *Date*

Completed form and registration fee can be dropped off at the school office, mailed to the school at 67901 Howard St., Richmond 48062, or put in the Sunday collection.