

**St. Augustine Latchkey Program
Registration Form
2019 – 2020 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.