St. Augustine Latchkey Program Registration Form 2020 – 2021 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):
Regis	tration Qualificatior	ıs
 Child(ren) must be enrolled at participate in the Latchkey Prog Registration fee of \$35.00 is che completed registration form, at the end of each month and participated and participated to utilize our Latchkey fees your FACTS account. If you deallowed to utilize our Latchkey plan authorized by the principal (Optional) I authorize all Latchkey the 2018-2019 school year. 	ram. arged annually per fam and is non-refundable. ayment is due 7 days after in excess of 30 days with lo not have a FACTS are Program until your balar is in place. key fees to be applied to	ily. The fee is due with the Fees for care will be invoiced er receipt of invoice. Il automatically be applied to ecount, your child will not be nee is resolved or a payment or my FACTS account during
Pare	ent 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.