

**ST. VERONICA K-8 LATCHKEY PROGRAM**  
**REGISTRATION FORM**  
**2023-2024**

**PLEASE PRINT**

Child #1 \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_ DOB \_\_\_\_\_

Child #2 \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_ DOB \_\_\_\_\_

Child #3 \_\_\_\_\_ Grade/Homeroom \_\_\_\_\_ DOB \_\_\_\_\_

**Mother's Name** \_\_\_\_\_ Custodial Parent \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Father's Name** \_\_\_\_\_ Custodial Parent \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**PLEASE NOTE:** The fee schedule for the St. Veronica Latchkey Program is as follows:

1. Registration fee	<b>\$40.00</b> per family	<b>Prices are subject to change without notice. No partial billing – billed by the hour</b>
2. Before School Program (7:00-8:00am)	<b>\$6.50</b> per hour	
3. After School Program (3:00-6:00pm)	<b>\$6.50</b> per hour	

**No family may use the services of this program unless they are registered. Registered families will have access to this program on an as-needed basis. If you have any questions or concerns please contact Penny Bratton, 513-808-3161.**

**In case of accident or illness, I request the school to contact me first. If the school is unable to reach me, I hereby authorize the school to contact the following people to pick up my child(ren) and make any decision necessary for the welfare of my child(ren).**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentist's Name \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_ Emergency Transfer \_\_\_\_\_

Remarks \_\_\_\_\_

Allergies \_\_\_\_\_

Special Health Conditions \_\_\_\_\_

**I HEREBY AGREE TO THE ABOVE CONDITIONS RELEVANT TO ENROLLING MY CHILD(REN) IN THE  
ST. VERONICA LATCHKEY PROGRAM FOR THE 2023-2024 SCHOOL YEAR.**

**Signature of Parent or Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_