

**ST. VERONICA LATCHKEY PROGRAM
REGISTRATION FORM
2022-2023**

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	\$40.00 per family	Prices are subject to change without notice. No partial
2. Before School Program (7:00-8:00am)	\$5.75 per hour	billing – billed by the hour
3. After School Program (3:00-6:00pm)	\$5.75 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 2022-2023 SCHOOL YEAR.**

Signature of Parent or Guardian _____ Date _____